

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011298

FILED
Apr 26, 2011
Secretary of State

Entity Name: OLYMPIA HOTELS MANAGEMENT, LLC

Current Principal Place of Business:

100 MAIN STREET
SUITE 206
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

100 MAIN STREET
SUITE 206
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 20-4232722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLOMKA, HOWARD P
100 MAIN STREET
SUITE 206
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: TOULOU MIS, WILLIAM E
Address: 100 MAIN STREET - SUITE 206
City-St-Zip: SAFETY HARBOR, FL 34695

Title: AMGR
Name: TOULOU MIS, GEORGE E
Address: 100 MAIN STREET - SUITE 206
City-St-Zip: SAFETY HARBOR, FL 34695

Title: AMGR
Name: TOULOU MIS, JOHN E
Address: 100 MAIN STREET - SUITE 206
City-St-Zip: SAFETY HARBOR, FL 34695

Title: AMGR
Name: TOULOU MIS, FRANK E
Address: 100 MAIN STREET - SUITE 206
City-St-Zip: SAFETY HARBOR, FL 34695

Title: AMGR
Name: TOULOU MIS, STATHY L
Address: 100 MAIN STREET - SUITE 206
City-St-Zip: SAFETY HARBOR, FL 34695

Title: AMGR
Name: SLOMKA, HOWARD P
Address: 100 MAIN STREET - SUITE 206
City-St-Zip: SAFETY HARBOR, FL 34695

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM E TOULOU MIS

MGR

04/26/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date