

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056318

Entity Name: OLYMPIA & YORK FINANCIAL, L.L.C.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

3300 NE 191ST STREET
809
AVENTURA, FL 33180

Current Mailing Address:

3300 NE 191ST STREET
809
AVENTURA, FL 33180

New Principal Place of Business:

2450 NE MIAMI GARDENS DR.
200
AVENTURA, FL 33180

New Mailing Address:

2450 NE MIAMI GARDENS DR.
200
AVENTURA, FL 33180

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, FRANK
3300 NE 191ST
#809
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

DIAZ, FRANK
3400 CORAL WAY
#600
MIAMI, FL 33145 US

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:

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DARDASHTI, DAVID
Address: 3300 NE 191ST STREET., #809
City-St-Zip: AVENTURA, FL 33180

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DARDASHTI, DAVID
Address: 2450 NE MIAMI GARDENS DR. STE. 200
City-St-Zip: MIAMI, FL 33180

Title: T () Change (X) Addition
Name: DARDASHTI, RIVKA M
Address: 2450 NE MIAMI GARDENS DR. STE200
City-St-Zip: MIAMI, FL 33180 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DAVID DARDASHTI

DD

04/30/2008

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