

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104251

FILED
Jul 05, 2007
Secretary of State

Entity Name: OLYMPIAN CAPITAL GROUP, LLC

Current Principal Place of Business:

ONE BISCAYNE TOWER
2 BISCAYNE BLVD. SUITE 3800
MIAMI, FL 33131

New Principal Place of Business:

ONE BISCAYNE TOWER
2 SOUTH BISCAYNE BLVD. SUITE 3800
MIAMI, FL 33131

Current Mailing Address:

ONE BISCAYNE TOWER
2 BISCAYNE BLVD. SUITE 3800
MIAMI, FL 33131

New Mailing Address:

ONE BISCAYNE TOWER
2 SOUTH BISCAYNE BLVD. SUITE 3800
MIAMI, FL 33131

FEI Number: 20-5767940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MELAND, RUSSIN & BUDWICK, P.A.
3000 WACHOVIA FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD.
MIAMI, FL 33131 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KAPLAN, ROBERT
Address: ONE BISCAYNE TOWER, 2 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KAPLAN, ROBERT
Address: ONE BISCAYNE TOWER, 2 SOUTH BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33131

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: ROBERT KAPLAN

MGR

07/05/2007

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