

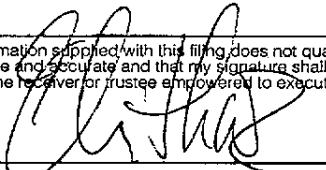


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000004331</b>						
1. Entity Name <b>OLIVE STREET MEMBERS, LLC</b>						
Principal Place of Business <b>C/O ELIOT LAUER 101 PARK AVENUE NEW YORK, NY 10178-0061</b>	Mailing Address <b>C/O ELIOT LAUER 101 PARK AVENUE NEW YORK, NY 10178-0061</b>	  01192005 No Chg-LLC      CR2E083 (10/03) <table border="1"><tr><td>4. FEI Number <b>58-2482900</b></td><td>Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired    <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required</td></tr></table>	4. FEI Number <b>58-2482900</b>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required						
<b>DO NOT WRITE IN THIS SPACE</b>						
6. Name and Address of Current Registered Agent  <b>INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131</b>		<b>DO NOT WRITE IN THIS SPACE</b>				
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>						
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>						
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>  UD00000326247 04/23/05-80048-025 50.00				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR LAUER, ELIOT 101 PARK AVENUE NEW YORK, NY 10178</b>					
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.  <b>SIGNATURE:</b>  <b>2/2/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date</small> <small>Daytime Phone #</small>						