
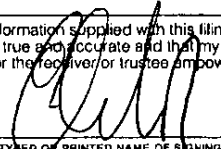


**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90324 040 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<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>PO BOX 288 PALM BEACH, FL 33480</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>777 S FLAGLER DR</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>EAST TOWER, SUITE 1000</b>	
City & State		City & State <b>WEST PALM BEACH, FL</b>	
Zip	Country	Zip	Country
		<b>33401</b>	<b>US</b>
4. FEI Number <b>58-2482900</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LAUER, ELIOT 101 PARK AVENUE NEW YORK, NY 10178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
SIGNATURE:  <b>Marys</b> 4/11/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			