

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90055 041 ****50.00

DOCUMENT # L99000007097



1. Entity Name
OLYMPIA COMMUNITY DEVELOPMENT, L.C.

Principal Place of Business

10 WEST SHALLOWS DRIVE
SANTA ROSA BEACH FL 32459

Mailing Address

10 WEST SHALLOWS DRIVE
SANTA ROSA BEACH FL 32459

2. Principal Place of Business

3. Mailing Address

718 US Highway 98
Suite, Apt. #, etc.

PO Box 7098
Suite, Apt. #, etc.

City & State

Destin, FL

City & State

Destin

4. FEI Number 43-1871838

Applied For

Not Applicable

Zip

32541

Country

USA

Zip

FL

Country

32540

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KENT, CHRISTOPHER A
10 WEST SHALLOWS DRIVE
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

Name Joe A. Winkler

Street Address (P.O. Box Number is Not Acceptable)

718 US Highway 98

City Destin

FL

Zip Code 32541

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME BUNYARD, P. STEPHEN
STREET ADDRESS 7755 CARONDELET AVENUE
CITY-ST-ZIP CLAYTON MO 63105 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME Bunyard, P. Stephen
STREET ADDRESS 625 Laguna Drive
CITY-ST-ZIP Destin, FL 32541 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE MGRM
NAME Bunyard, Stephen
STREET ADDRESS P.O. Box 653
CITY-ST-ZIP Edwards, CO 81632 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

PS Stephen Bunyard

2/17/03

970-845-8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)