

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
Zip 32541 Country USA

City & State

Destin FL
Zip 32540 Country

4. FEI Number 43-1871838

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required



CHECK HERE IF MAKING CHANGES

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]*
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	<input checked="" type="checkbox"/> Delete
NAME	BUNYARD, P. STEPHEN	
STREET ADDRESS	7755 CARONDELET AVENUE	
CITY-ST-ZIP	CLAYTON MO 63105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bunyard, P. Stephen	
STREET ADDRESS	625 Laguna Drive	
CITY-ST-ZIP	Unit 5 Destin, FL 32541	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bunyard, Stephen	
STREET ADDRESS	P.O. Box 653	
CITY-ST-ZIP	Edwards, CO 81632	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/17/03 970-845-8300
Date Daytime Phone #

CR2E083 (10/02)