

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M00000000963**

1. Entity Name
OLYMPIC ASSET MANAGEMENT L.L.C.

FILED

Apr 26, 2001 08:00 AM
Secretary of State

Principal Place of Business 725 ARIZONA AVENUE, SUITE 400	Mailing Address 725 ARIZONA AVENUE, SUITE 400		
SANTA MONICA 90401	CA	SANTA MONICA 90401	CA

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 95-4799678	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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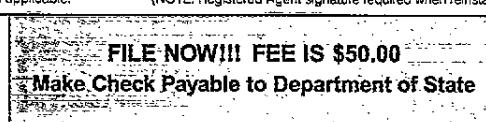
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD	Name
PLANTATION 33324	Street Address (P.O. Box Number is Not Acceptable)
US	City
FL	FL

7. Name and Address of New Registered Agent	Zip Code
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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.

SIGNATURE _____ DATE **04/26/2001**

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))



9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COAST ASSET MANAGEMENT, L.P. 725 ARIZONA AVENUE, SUITE 400 SANTA MONICA CA 90401	<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
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 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: **Daysi Galo**

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

VP

04/26/2001

Date

Daytime Phone #