

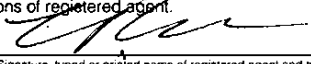
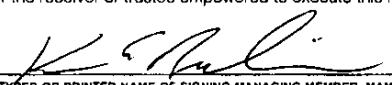


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90030 042 \*\*\*\*50.00

<b>DOCUMENT # M04000002228</b> 1. Entity Name <b>OLYMPIA COMMONS, L.L.C.</b>					
Principal Place of Business <b>3900 SW 30TH AVE, STE 3 FORT LAUDERDALE, FL 33312</b>			Mailing Address <b>3900 SW 30TH AVE, STE 3 FORT LAUDERDALE, FL 33312</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		04242006    Chg-LLC    CR2E083 (11/05)	
4. FEI Number <b>37-3183484</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>BRANDON BROWN P.L. 9045 LAFONTANA BLVD B-1 BOCA RATON, FL 33434</b>	
7. Name and Address of New Registered Agent Name <b>Christopher Richardson</b> Street Address (P.O. Box Number is Not Acceptable) <b>3900 SW 30 Avenue, Suite 3</b> City <b>Fort lauderdale</b> FL      Zip Code <b>33312</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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RICHARDSON, KENNETH E 3900 SW 30TH AVE, STE 3 FORT LAUDERDALE, FL 33312</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date      Daytime Phone # <b>4/25/06 954-581-1606</b>		