

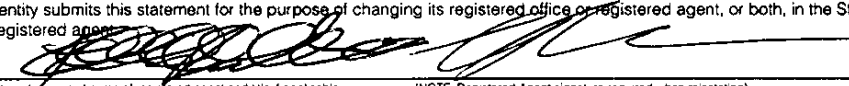
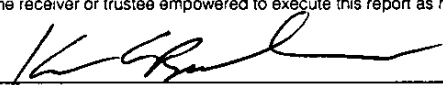


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90062 042 ****50.00

DOCUMENT # M04000002228 1. Entity Name OLYMPIA COMMONS, L.L.C.					
Principal Place of Business 3900 SW 30TH AVE, STE 3 FORT LAUDERDALE, FL 33312			Mailing Address 3900 SW 30TH AVE, STE 3 FORT LAUDERDALE, FL 33312		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City: 95 S Federal Hwy, Ste 200 Boca Raton, FL 33432 Zip Country USA		3. Mailing Address Suite 95 S Federal Hwy, Ste 200 City: Boca Raton, FL 33432 Zip Country USA		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">60044283</div> 	
02232007 Chg-LLC CR2E083 (12/06)				4. FEI Number 37-3183484	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RICHARDSON, CHRISTOPHER 3900 SW 30 AVE STE3 FORT LAUDERDALE, FL 33312			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is optional) 95 S Federal Hwy, Ste 200 City: Boca Raton, FL 33432 FL 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  DATE 4/27/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARDSON, KENNETH E 3900 SW 30TH AVE, STE 3 FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	95 S Federal Hwy, Ste 200 Boca Raton, FL 33432	<input checked="" 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 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:  DATE 4/27/07 561-869-4300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

DOCTED