2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9800000963

OLYMPUS GP LLC

Principal Place of Business Mailing Address 9600 GREAT HILLS TRAIL, 200 W 9600 GREAT HILLS TRAIL, 200 W OITAUU AUSTIN TX 78759 AUSTIN TX 78759 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 74-2885882 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE XX Delete Change Addition Manager FRIEDMAN, DAVID NAME Jeff Neal STREET ADDRESS 9600 GREAT HILLS TRAIL, 200 W 9600 Great Hills Trail, 200W CITY-ST-ZIP <u>austin TX 78759</u> Austin, Texas 78759 MGR TITI F X:X Delete Change Addition Manager JONES, CHRISTOPHER NAME Terry Farley 9600 GREAT HILLS TRAIL, 200 W STREET ADDRESS 302 Carnegie Center, 2nd Floor CITY-ST-7IP AUSTIN TX 78759 <u>Princeton, New Jersey 08540</u> ☐ Delete TITLE Manager ☐ Change *Addition NAME Daniel Thompson STREET ADDRESS 302 Carnegie Center, 2nd Floor Princeton, New Jersey 08540 CITY-ST-ZIP ☐ Delete TITLE ■ Addition ☐ Change NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS

FILED Sep 29, 2002 8:00 am Secretary of State

09-29-2002 90003 018 ****50.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP 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 quastee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

REQUIRED Jeff Neal, Manager, September 23, 2002 MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date



Attachment 874933 # M9800000963

Servicing E.F.	·		Date Prepared:	9/23/2002
Business Check Re	equest		*** For Accounting Use O	nly
			G/L# 1941	
Fedex	Mail	Return to Sender	Department 2	∞
		03.	Project	1
*Issue to:	Department of State	ASES IN	Fixed Asset #	
issue to.	Department of State	W. C.	Fixed Asset #	
(vendor)			Initials	
*Remit to:	Department of State		· · · · · · · · · · · · · · · · · · ·	
(address)	409 E. Gaines Street	: (850) 245-6051		
	Tallahassee, Florida 32399		:	
		Invoice/Reference #		
*Cost Center	Investor Name	December		1
<u> </u>	investor (value	Description 2002 Uniform Business Report	*Amount	{
8000		Olympus Servicing GP LLC	50.00	
		4		-
		TOP TOP TO THE ST	1	
			1-7	
			<u> </u>	
		Total Remittance	\$ 50.00	
			\$ 50,00	ı
'Requestor:	Angie Mak	one Extension:	349-8654	
'Approval:	Cella Short	*Approver's Name/Title: William Schneider, L	egal Counsel	
***Out of cycle Approx			WEGE	
	Toby Wells or Alisa Turner			. ∩ nnnn
*Handling Instructio	ns and Complete Explanation of R	equest (Cost Center, Loan #, Investor, Etc.)	SEP 4	2 3 AULY
incomplete injormat	uon on Request wat Result in Retur	n of Request Without Check Being Processed	""	

The Description should include explicite detail including loan reference, quantity, explanation, etc.

Attach Original Invoice. No payment will be made on 2nd request or past due invoices.

Attach W-9 for new vendors.

Attach Fedex Package or large (magazine size) addressed envelope if required.

Attach Copies of any paperwork needing to be mailed with payment and note Send Originals under **Special Handling.

* Required Field

^{***} Accounting department use only.

200	2 UNIFORM-BUS	INESS REPO	ORT (U	BR) (Attaní	. 1		
DOCL	JMENT# M98000	000963			Siluchim	ent		
OLYMPUS GP LLG					ettachment 87-4233			
Principal Pla	ace of Business	Mailing Address		***				
9600 GREAT HILLS TRAIL. 200 W AUSTIN TX 78759		9600 GREAT HILLS TRAIL. 200 W AUSTIN TX 78759						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	E IN THIS SPACE		
City & State		City & State			4. FEI Number 74-2885882	Α	applied For	
Zip	Country	Zip	Country	·	5. Certificate of Status Desired	\$5.00 ·	lot Applicabl	
	6. Name and Address of Current F	Project and Agent		1		Fee Requir	ed	
	-	9-ever-en villeur	Nan	 ne	7. Name and Address of New Re	gistered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Stre	et Address (P	O. Box Number is Not Acceptable)			
	•	· ·	City		, , , , , , , , , , , , , , , , , , ,	Zip Cod	de	
8. The above named entity submits this statement for the purpose of changing its registered offi				e or registere	d agent, or both, in the State of Flori		and accept	
the obligat	tions of registered agent.			-	, , , , , , , , , , , , , , , , , , , ,	·	and accept	
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	E: Registered Agent s	ignature required w	then reinstating)	DATE		
		FILE NO	OW!!! FEE I		State			
		Due By	September					
9.	MANAGING MEMBER	··	10.		ADDITIONS/C			
NAME	FRIEDMAN, DAVID	XXDelete	TITLE NAME	Manag		☐ Change	Addition	
STREET ADDRESS	9600 GREAT HILLS TRAIL, 200 W		STREET ADDRE	Jeff SS D600		200**		
CITY-ST-ZIP	AUSTIN TX 78759	,	CITY-ST-ZIP	Austi	Great Hills Trail, n, Texas 78759	200W		
TITLE NAME	MGR JONES, CHRISTOPHER	Delete	TITLE	Manag	er	☐ Change	Addition	
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CITY-ST-ZIP	AUSTIN TX 78759		CITY-ST-ZIP	302 C	arnegie Center, 2nd eton, New Jersey 08	Floor 540		
TITLE NAME		☐ Delete	TITLE	Manage	er	☐ Change	Addition	
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	Ortifus that the inf	-	CITY-ST-ZIP		1			
indicated of limited liab	ertify that the information supplied with th on this report is true and accurate and tha illity company or the receiver or trustee er	is filing does not qualify for t at my signature shall have th mpowered to execute this re	he exemption s he same legal el eport as require	tated in Section fect as if mad d by Chapter	on 119.07(3)(i), Florida Statutes. I fu le under oath; that I am a managing 608, Florida Statutes.	rther certify that the in member or manager	formation of the	

SIGNATURE: Jeff Neal, Manager, September 23, 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date

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