



State of California
Kevin Shelley
Secretary of State
STATEMENT OF INFORMATION
(Limited Liability Company)

FILED
 in the office of the Secretary of State
 of the State of California

APR 01 2004

Kevin Shelley
 KEVIN SHELLEY, SECRETARY OF STATE

Filing Fee \$20.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY COMPANY NAME: (Please do not alter if name is preprinted.)
 OLAF PROPERTIES #1, LLC

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EC
 This Space For Filing Use Only

FILE NUMBER AND STATE OR PLACE OF ORGANIZATION

2. SECRETARY OF STATE FILE NUMBER
 200335610125

3. STATE OR PLACE OF ORGANIZATION
 CALIFORNIA

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 4 and 5 cannot be PO Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE CITY AND STATE ZIP CODE
 4629 Cass Street, Suite 255 San Diego, California 92109

5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY) CITY STATE ZIP CODE
 3745 Fourth Ave. San Diego CA 92103

AGENT FOR SERVICE OF PROCESS

- If an individual, the agent must reside in California and Item 7 must be completed with a California address.
- If a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 7 must be left blank.

6. NAME OF AGENT FOR SERVICE OF PROCESS
 Jose C. Rojo

7. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE
 3745 Fourth Ave. San Diego CA 92103

TYPE OF BUSINESS

8. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY
 Property Development and Managment

NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER (Attach additional pages, if necessary.)

9. NAME ADDRESS CITY AND STATE ZIP CODE
 Michael Donovan 4629 Cass Street, Suite 255 San Diego, California 92109

10. NAME ADDRESS CITY AND STATE ZIP CODE

11. NAME ADDRESS CITY AND STATE ZIP CODE

NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY

12. NAME ADDRESS CITY AND STATE ZIP CODE

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

Jose C. Rojo
 TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

Jose C. Rojo
 SIGNATURE

Organizer Atty
 TITLE

2-24-04
 DATE

DUE DATE: