

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 179616

FILED  
Apr 29, 2006  
Secretary of State

Entity Name: LAS OLAS APARTMENTS, INC.

**Current Principal Place of Business:**

C/O WILLIAM MAZZOCCO  
2 HENDRICKS ISLE APT F-1  
FT LAUDERDALE, FL 33301 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PETER J KIEP  
3643 ALTA VISTA AVE  
SANTA ROSA, CA 95409 US

**New Mailing Address:**

FEI Number: 59-0998954      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HAMMOND, PAUL  
6185 WOODBURY RD  
BOCA RATON, FL 33433 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GROTH, JAMES  
Address: MOUNTAINSIDE CORP., 350 HIGH HILL RD.  
City-St-Zip: WALLINGFORD, CT 06492

Title: SD ( ) Delete  
Name: KIEP, PETER  
Address: 3643 ALTA VISTA AVE  
City-St-Zip: SANTA ROSA, CA 95409

Title: D ( ) Delete  
Name: MAZZUCCO, WILLIAM  
Address: 30 FOX RUN DR.  
City-St-Zip: WALLINGFORD, CT 06492

Title: PD ( ) Delete  
Name: HAMMOND, PAUL  
Address: 6185 WOODBURY RD  
City-St-Zip: BOCA RATON, FL 33433

Title: T ( ) Delete  
Name: KUHAR, GERALDINE  
Address: 901 SHERWOOD PL.  
City-St-Zip: JOLIET, IL 60435

Title: VD ( ) Delete  
Name: NILES, RONALD  
Address: 5237 BERNEDA DR  
City-St-Zip: FLINT, MI 48506

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER J. KIEP

SD

04/29/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date