2001	UNIFORM BUS	NESS REPO	RT	(UBR)	
DOCUM 1. Entity Name	ENT # A0000	0000291			
LAS OLAS YACHT CLUB ASSOCIATES, LTD.					FILED
Principal Place of Business 2828 CORAL WAY PENTHOUSE ONE MIAMI FL 33145		Mailing Address 2828 CORAL WAY PENTHOUSE ONE MIAMI FL 33145 O1 APR 23 PM 12: 39 SECRETARY OF STATE TALLAHASSEE FLORIDA			
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 Not Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
BERGER, JAMES L ESQ .350.EAST_LAS_OLAS_BLVD., SUITE_1000 FT. LAUDERDALE FL 33301					ess (P.O. Box Number is Not Acceptable)
				. ~~	
				City	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.					
					quired when reinstating) DATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE
as Shown on record. \$310,000.00 in FLORIDA to date.					. SEE REVERSE SIDE FOR FEE INFORMATION
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY					
DOCUMENT # LO0000001042 NAME LAS OLAS YACHT CLUB, LLC STREET ADDRESS CITY-ST-ZIP MIAMI FL 33145			13. STRE	STREET ADDRESS	
			ı	-ST-ZIP	
DOCUMENT # NAME			STRE	EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	ET ADDRESS		CTTY	-ST-ZIP	
DOCUMENT # NAME			STRE	EET ADDRESS	0000041626409 -05/08/0101099001 *****535,00 *****535.00
STREET ADDRESS CITY=ST=ZIP		CITY	-ST-ZIP		
DOCUMENT # \\ NAME		STRE	ET ADDRESS		
STREET AODRESS CITY-ST-ZIP		CITY	- ST-ZIP		
DOCUMENT # NAME		STRE	ET ADORESS		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	
DOCUMENT # NAME ·			STRE	ET ADDRESS	· ·
STREET_ADDRESS			OITY	PT 715	•

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

CITY-\$T-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING GENERAL PARTNER

ANGEL HERNANDEZ VICE - PRESIDENT