


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90067 001 \*\*\*\*50.00

**DOCUMENT # L04000023022**  
 1. Entity Name  
 OPERA TOWER, LLC



Principal Place of Business  
 100 S. BISCAYNE BLVD.  
 SUITE 1100  
 MIAMI, FL 33131 US

Mailing Address  
 100 S. BISCAYNE BLVD.  
 SUITE 1100  
 MIAMI, FL 33131 US

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

40059350



02152006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
 20-0922052

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HOLLO, JEROME S  
 100 S. BISCAYNE BLVD.  
 SUITE 1100  
 MIAMI, FL 33131

**7. Name and Address of New Registered Agent**

Name  
 Street Address (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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

Make check payable to  
 Florida Department of State

**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGRM	HOLLO, TIBOR	100 S. BISCAYNE BLVD., SUITE 1100	MIAMI, FL 33131	<input type="checkbox"/>
MGR	HOLLO, WAYNE	100 S BISCAYNE BLVD	MIAMI, FL 33131	<input type="checkbox"/>
MGR	HOLLO, JEROME	100 S BISCAYNE BLVD	MIAMI, FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
MGR	PHILIP DAHAN	100 S. BISCAYNE	MIAMI 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGR	BRUCE KASSMAN	100 S. BISCAYNE	MIAMI 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGR	LEONARD KATZ	100 S. BISCAYNE	MIAMI, 33131	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** 4/18/06 **Daytime Phone #:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE