

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023022

FILED  
Mar 19, 2010  
Secretary of State

Entity Name: OPERA TOWER, LLC

**Current Principal Place of Business:**

100 S. BISCAYNE BLVD.  
SUITE 900  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 S. BISCAYNE BLVD.  
SUITE 900  
MIAMI, FL 33131 US

**New Mailing Address:**

FEI Number: 20-0922052      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HOLLO, JEROME S  
100 S. BISCAYNE BLVD.  
SUITE 900  
MIAMI, FL 33131 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HOLLO, TIBOR  
Address: 100 S. BISCAYNE BLVD., SUITE 900  
City-St-Zip: MIAMI, FL 33131 US

Title: MGR  
Name: HOLLO, WAYNE  
Address: 100 S BISCAYNE BLVD STE 900  
City-St-Zip: MIAMI, FL 33131

Title: MGR  
Name: HOLLO, JEROME  
Address: 100 S BISCAYNE BLVD STE 900  
City-St-Zip: MIAMI, FL 33131

Title: MGR  
Name: DAHAN, PHILIP  
Address: 100 S BISCAYNE BLVD STE 900  
City-St-Zip: MIAMI, FL 33131

Title: MGR  
Name: KASSMAN, BRUCE  
Address: 100 S BISCAYNE BLVD STE 900  
City-St-Zip: MIAMI, FL 33131

Title: MGR  
Name: KATZ, LEONARD  
Address: 100 S BISCAYNE BLVD STE 900  
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: LEONARD KATZ

MGR

03/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date