

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 179616

FILED
Apr 21, 2005
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., 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: KATSIVALIS, HELEN,
Address: 17 W061 WOODLAND AVE.
City-St-Zip: BENSENVILLE, IL 60106

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: T (X) Change () Addition
Name: KUJAR, GERALDINE
Address: 901 SHERWOOD PL.
City-St-Zip: JOLIET, IL 60435

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 Section 119.07(3)(i), 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

04/21/2005

Electronic Signature of Signing Officer or Director

_____ Date