

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90310 027 \*\*\*138.75

**DOCUMENT # L04000023022**

1. Entity Name  
**OPERA TOWER, LLC**



**Principal Place of Business**

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

**Mailing Address**

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

**60025798**



02192008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME HOLLO, TIBOR  
STREET ADDRESS 100 S. BISCAYNE BLVD., SUITE 1100  
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGR  
NAME HOLLO, WAYNE  
STREET ADDRESS 100 S BISCAYNE BLVD  
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGR  
NAME HOLLO, JEROME  
STREET ADDRESS 100 S BISCAYNE BLVD  
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGR  
NAME DAHAN, PHILIP  
STREET ADDRESS 100 S BISCAYNE BLVD  
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGR  
NAME KASSMAN, BRUCE  
STREET ADDRESS 100 S BISCAYNE BLVD  
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGR  
NAME KATZ, LEONARD  
STREET ADDRESS 100 S BISCAYNE BLVD  
CITY-ST-ZIP MIAMI, FL 33131

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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #