

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000004927

FILED
Apr 23, 2009
Secretary of State

Entity Name: LAS OLAS 202, L.L.C.

Current Principal Place of Business:

5151 COLLINS AVE. APT #1525
MIAMI BEACH, FL 33140

New Principal Place of Business:

3721 NE 214 STREET
AVENTURA, FL 33180 US

Current Mailing Address:

5151 COLLINS AVE. APT #1525
MIAMI BEACH, FL 33140

New Mailing Address:

3721 NE 214 STREET
AVENTURA, FL 33180 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, ALEXANDRA J
52875 N.E. 191 STREET SUITE 801
AVENTURA CH, FL 33180 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 () Delete
Name: SW APARTMENTS L.L.C.
Address: 5151 COLLINS AVE. APT #1525
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM () Delete
Name: DG LAS OLAS CORP.
Address: 5151 COLLINS AVE. APT #1525
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SW APARTMENTS LLC
Address: 3721 NE 214 STREET
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM (X) Change () Addition
Name: DG LAS OLAS CORP.
Address: 3721 NE 214 STREET
City-St-Zip: AVENTURA, FL 33180 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SW

MGRM

04/23/2009

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