

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # A 00000001563

1. Entity Name

ONE LAS OLAS, LTD

02 APR 11 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

200 EAST LAS OLAS BLVD

3. Mailing Address

200 EAST LAS OLAS BLVD

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

SUITE 1660

Suite, Apt. #, etc.

SUITE 1660

DUE BY MAY 1

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

58-2591765

Applied For

Not Applicable

Zip

33301

Country

USA

Zip

33021

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
DOUGLAS K. BISCHOFF, ESQ

Street Address (P.O. Box Number is Not Acceptable)

200 EAST LAS OLAS BLVD

SUITE 1660

City

FT. LAUDERDALE

FL

Zip

33301

**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.

SIGNATURE

Signature, typed or printed

DOUGLAS K. BISCHOFF

FEB 28, 2002

DATE

9. Capital Contributions  
as Shown on record.

\$12,771,813.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$12,771,813.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # OMNI EQUITIES CORPORATION  
NAME 200 EAST LAS OLAS BLVD, SUITE 1660  
STREET ADDRESS  
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

STREET ADDRESS

CITY-ST-ZIP

3000005289749--4

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

*Richard Zipes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
RICHARD ZIPES

FEB 28, 2002 Day 954712-2755

CR2E003B (12/01)

STAPLE CHECK HERE