


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

<b>DOCUMENT # A00000001563</b>	
1. Entity Name <b>ONE LAS OLAS, LTD.</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR -5 AM 10:42

Principal Place of Business <b>200 EAST LAS OLAS BLVD., SUITE 1660 FT. LAUDERDALE FL 33301</b>	Mailing Address <b>200 EAST LAS OLAS BLVD., SUITE 1660 FT. LAUDERDALE FL 33301</b>
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MOORE CR2E003 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>58-2591765</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>BISCHOFF, DOUGLAS K 200 EAST LAS OLAS BLVD., SUITE 1660 FT. LAUDERDALE FL 33301</b>	
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7. Name and Address of New Registered Agent	
Name <b>FRANCESCA RHODIS, ESQ.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>200 E. LAS OLAS BLVD. #1660</b>	
City <b>Ft. lauderdale</b>	Zip Code <b>FL 33301</b>

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 *F. Rhodis* DATE *3/16/04*  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$7,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # <b>P00000055960</b>	NAME <b>OMNI EQUITIES CORPORATION</b>	STREET ADDRESS	
STREET ADDRESS <b>200 EAST LAS OLAS BLVD., SUITE 1660</b>		CITY-ST-ZIP	
CITY-ST-ZIP <b>FT. LAUDERDALE FL 33301</b>			
DOCUMENT #	NAME	STREET ADDRESS	
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**100032958871**  
**04/16/04--01033--022 \*\*526.25**

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 D. [Signature]* DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE