

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007**

DOCUMENT # A0000001563	
1. Entity Name ONE LAS OLAS, LTD.	

FILED
07 JUN -1 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5900 N. ANDREWS AVENUE SUITE 500 FT. LAUDERDALE, FL 33309	Mailing Address ATTN: KATHRYN MANSFIELD 3100 MONTICELLO AVE., SUITE 200 DALLAS, TX 75205
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05102007 Chg-LP CR2E003 (12/06)

4. FEI Number 58-2591765		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and use if applicable

**FILE NOW!!! FEE IS \$900.00
On or after September 14, 2007, Fee will be \$1000.00**

**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 # NAME STREET ADDRESS CITY-ST-ZIP	P00000055960 OMNI EQUITIES CORPORATION 1775 BROADWAY, 23RD FLOOR NEW YORK, NY 10019	STREET ADDRESS CITY-ST-ZIP	423 West 55th, 12th Floor New York, NY 10019
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Kathryn Mansfield Kathryn Mansfield 5/15/2007 214-599-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER evp of General Partner Date Daytime Phone #