

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

DOCUMENT # A00000001563

1. Entity Name
ONE LAS OLAS, LTD.



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**

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 ☐ **\$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

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

DATE

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 # **P00000055960**
 NAME **OMNI EQUITIES CORPORATION**
 STREET ADDRESS **1775 BROADWAY, 23RD FLOOR**
 CITY-ST-ZIP **NEW YORK, NY 10019**

STREET ADDRESS **423 West 55th, 12th Floor**
 CITY-ST-ZIP **New York, NY 10019**

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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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Kathryn Mansfield
 G.P. of General Partner

5/15/2007

214-599-2200

Daytime Phone #

STAPLE CHECK HERE

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

