

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

DOCUMENT # A02000000263

1. Entity Name

EAST LAS OLAS, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR -5 AM 10:42

Principal Place of Business

200 EAST LAS OLAS BLVD., SUITE 1660
FT. LAUDERDALE FL 33301

Mailing Address

200 EAST LAS OLAS BLVD., SUITE 1660
FT. LAUDERDALE FL 33301

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
02-0553715

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BISCHOFF, DOUGLAS K ESQ
200 EAST LAS OLAS BLVD., SUITE 1660
FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name

FRANCESCA RHODIS, ESQ.

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

200 E. Las Olas Blvd. #1660

City

Ft. lauderdale

FL

Zip Code

33301

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

Francesca Rhodis
Signature typed or printed name of registered agent and title if applicable

DATE

3/16/04

9. Capital Contributions
as Shown on record.

\$1,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**OMNI EQUITIES NORTH CORPORATION
200 EAST LAS OLAS BLVD., SUITE 1660
FT. LAUDERDALE FL 33301**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE