

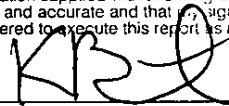


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 11 AM 9:21

<b>DOCUMENT # A04000001903</b> 1. Entity Name <b>LAS OLAS GROUP II, L.P.</b>					
Principal Place of Business <b>301 GRANT STREET 20TH PITTSBURGH, PA 15219</b>			Mailing Address <b>301 GRANT STREET 20TH PITTSBURGH, PA 15219</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-2146085</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KESSLER, EUGENE 19501 BISCAYNE BLVD STE. 400 AVENTURA, FL 33180</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<b>000055917970</b> <small>05/08/05 01073 019 **141.25</small>	
9. Capital Contributions as Shown on record. <b>\$5,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>5,000</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT # <b>L04000087565</b> NAME <b>LAS OLAS GROUP GP, LLC</b> STREET ADDRESS <b>301 GRANT STREET 20TH</b> CITY-ST-ZIP <b>PITTSBURGH, PA 15219</b>				STREET ADDRESS _____ CITY-ST-ZIP _____	
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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					
<b>SIGNATURE:</b>  <b>KEN BERNSTEIN</b> <b>4-29-05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE