


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A04000001903		
1. Entity Name LAS OLAS GROUP II, L.P.		

Principal Place of Business 301 GRANT STREET 20TH PITTSBURGH, PA 15219	Mailing Address 301 GRANT STREET 20TH PITTSBURGH, PA 15219
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address c/o 19501 Biscayne Blvd. Suite, Apt. #, etc. Suite 400/Legal Dept.
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City & State Aventura, FL 33180	City & State Aventura, FL 33180
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Zip Country	Zip Country
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03222007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-2146085	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KESSLER, EUGENE 19501 BISCAYNE BLVD STE. 400 AVENTURA, FL 33180
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7. Name and Address of New Registered Agent Name Lori R. Hartglass Street Address (P.O. Box Number is Not Acceptable) 19501 Biscayne Blvd. Suite 400, Attn. Legal Dept City Aventura, FL Zip Code 33180

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 <u>Lori R. Hartglass</u> Signature, typed or printed name of registered agent and title if applicable	DATE APR 24 2007
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FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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	
DOCUMENT #	L04000087565
NAME	LAS OLAS GROUP GP, LLC
STREET ADDRESS	301 GRANT STREET 20TH
CITY-ST-ZIP	PITTSBURGH, PA 15219
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	300103612039
CITY-ST-ZIP	05/31/07-01035-003 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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 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
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SIGNATURE: <u>Stan Roman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	DATE APR 24 2007
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FILED
07 MAY 18 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE