


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A04000001903</b> 1. Entity Name LAS OLAS GROUP II, L.P.	
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Principal Place of Business 301 GRANT STREET 20TH PITTSBURGH, PA 15219	Mailing Address 19501 BISCAYNE BLVD. SUITE 400 / LEGAL DEPT. AVENTURA, FL 33180
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**DO NOT WRITE IN THIS SPACE**



04222008 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-2146085	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  HARTGLASS, LORI R 19501 BISCAYNE BLVD STE. 400 AVENTURA, FL 33180
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**DO NOT WRITE IN THIS SPACE**

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 title if applicable

000000921274  
05/14/08 80077-012 500.00  
DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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.**

<b>12. GENERAL PARTNER INFORMATION</b>	
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	

**DO NOT WRITE IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

RAY PARELLO

4-22-08

Date

305-93-7 6200

Daytime Phone #

STAPLE CHECK HERE