2001 UNIFORM BUSINESS REPORT (UBR)

000961O AF

DOCUMENT # L00000001042

1. Entity Name
LAS OLAS YACHT CLUB, LLC

FILED
01 APR 23 PM 5:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2828 CORAL WAY, PENTHOUSE ONE C/O THE RELATED GROUP OF FLORIDA MIAMI FL 33145	2828 CORAL WAY, PENTHOUSE ONE C/O THE RELATED GROUP OF FLORIDA MIAMI FL 33145

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERGER, JAMES L ESQ. 350 LAS OLAS BLVD., SUITE 1000 FT. LAUDERDALE FL 33301	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete PEREZ, JORGE 2828 CORAL WAY, PENTHOUSE ONE MIAMI FL 33145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700004134507--8 -05/03/01--01122--020 *****55.00 *****55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete ROCHA, ROBERTO 2828 CORAL WAY, PENTHOUSE ONE MIAMI FL 33145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete RABINA, MAIDAD 2828 CORAL WAY, PENTHOUSE ONE MIAMI FL 33145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete PAARNES, HOWARD 455 CENTRAL PARK AVE. SCARSDALE NY 10583	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Robert Valley SIGNATURE REQUIRED 4/16/01 (305) 4605500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)