

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 23 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000008718

1. Entity Name
LAS OLAS WATERSIDE, LC

Principal Place of Business 315 N.E. 3RD AVENUE, SUITE 200 FORT LAUDERDALE FL 33301	Mailing Address 315 N.E. 3RD AVENUE, SUITE 200 FORT LAUDERDALE FL 33301
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2. Principal Place of Business	3. Mailing Address 675 Ponce de Leon Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc. FT. Lauderdale
City & State	City & State Florida
Zip	Country USA
Country	Zip 33316

4. FEJ Number 65-1027870	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent

MORGAN, WALTER L.
315 N.E. 3RD AVENUE, SUITE 200
FORT LAUDERDALE FL 33301

5. Certificate of Status Desired **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

800004137748--4
-05/07/01--01014--001
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORGAN, WALTER L TRUSTEE 315 N.E. 3RD AVENUE, SUITE 200 FORT LAUDERDALE FL 33301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Walter L Morgan, as Trustee Date: 7/14/00 4/17/01 954 5243111

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CR2E083 (11/00)