


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90301 031 ****50.00

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| DOCUMENT # L00000008718 |  |
| 1. Entity Name LAS OLAS WATERSIDE, LC | |

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| Principal Place of Business 315 N.E. 3RD AVENUE, SUITE 200 FORT LAUDERDALE, FL 33301 US | Mailing Address 315 NORTHEAST THIRD AVENUE SUITE 200 FORT LAUDERDALE, FL 33301 US |
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| 2. Principal Place of Business 633 S. Federal Highway Suite, Apt. #, etc. Suite 400A | 3. Mailing Address 633 S. Federal Highway Suite, Apt. #, etc. Suite 400A |
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|-------------------------------------|-------------------------------------|
| City & State Fort Laudersale, FL | City & State Fort Lauderdale, FL |
| Zip 33301 | Country USA |



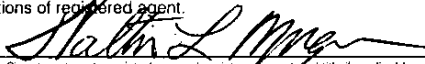
03222006 Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 65-1027870 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| MORGAN, WALTER A 315 N.E. 3RD AVENUE, SUITE 200 FORT LAUDERDALE, FL 33301 | Name Walter L. Morgan Street Address (P.O. Box Number is Not Acceptable) 633 S. Federal Highway Suite 400A City Fort Lauderdale FL Zip Code 33301 |

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.

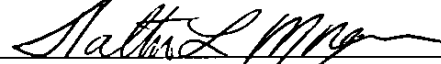
SIGNATURE  DATE 4-3-06

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

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| Filing Fee is \$50.00 Due by May 1, 2006 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| 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 | 633 S. Federal Hwy, #400A Fort Lauderdale, FL 33301 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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"/> Delete | 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 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 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:  4/4/06 954-524-3111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #