

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011039

Entity Name: LAS OLAS, L.L.C.

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

21 OLD KINGS RD
PALM COAST, FL 32137

New Principal Place of Business:

21 OLD KINGS RD
SUITE B101
PALM COAST, FL 32137

Current Mailing Address:

220 BROADWAY
SUITE 101
LYNNFIELD, MA 01940

New Mailing Address:

4800 N FEDERAL HWY
SUITE A205
BOCA RATON, FL 33431

FEI Number: 59-3680825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIUMENTO, MICHAEL D ESQ.
4 OLD KINGS ROAD NORTH
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KAAAN, VALERIE
Address: 220 BROADWAY, SUITE 101
City-St-Zip: LYNNFIELD, MA 01940

Title: MGRM () Delete
Name: KAAAN, GLORIA
Address: 220 BROADWAY, SUITE 101
City-St-Zip: LYNNFIELD, MA 01940

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KAAAN, VALERIE
Address: 4800 N FEDERAL HWY SUITE A205
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM (X) Change () Addition
Name: KAAAN, GLORIA
Address: 4800 N FEDERAL HWY SUITE A205
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: VALERIE KAAAN

MGRM

04/28/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date