

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014639

FILED
Apr 07, 2008
Secretary of State

Entity Name: OLSRH&H, LLC

Current Principal Place of Business:

150 ALHAMBRA CIRCLE, SUITE 1150
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

150 ALHAMBRA CIRCLE, SUITE 1150
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 48-1263777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATTON, DAVID L
150 ALHAMBRA CIRCLE, SUITE 1150
CORAL GABLES, FL 33134 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/MANAGERS:

Title: MGR () Delete
Name: ORSHAN, ROBERT
Address: 150 ALHAMBRA CIRCLE, SUITE 1150
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: SEIDEN, JAN
Address: 150 ALHAMBRA CIRCLE, SUITE 1150
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: LITHMAN, ROBERT P
Address: 150 ALHAMBRA CIRCLE, SUITE 1150
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: HATTON, DAVID L
Address: 150 ALHAMBRA CIRCLE, SUITE 1150
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: RAMOS, JORGE H
Address: 150 ALHAMBRA CIRCLE, SUITE 1150
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: HUESMANN, NICOLE J
Address: 150 ALHAMBRA CIRCLE, SUITE 1150
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVID L. HATTON

MGR

04/07/2008

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