

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014639

Entity Name: OLSRH&H, LLC

FILED  
Feb 21, 2011  
Secretary of State

**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  
Name: ORSHAN, ROBERT  
Address: 150 ALHAMBRA CIRCLE, SUITE 1150  
City-St-Zip: CORAL GABLES, FL 33134

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

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

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

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

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

I hereby 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 HATTON

MGR

02/21/2011

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