2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2004 8:00 am
Secretary of State
05-05-2004 90012 001 ****50.00

DOCUMENT # L02000018076

1. Entity Name
LAS OLAS FIRST DEVELOPMENT, L.L.C.

34UU7276

Principal Place of Business	Mailing Address
2875 N.E. 191ST STREET 400A TURNBERRY PLAZA, SUITE AVENTURA, FL 33180	2875 N.E. 191ST STREET 400A TURNBERRY PLAZA, SUITE AVENTURA, FL 33180

02062004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4204701
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WEALCATCH, MATTHEW B ESQ.
2875 N.E. 191ST STREET
TURNBERRY PLAZA, SUITE 801
AVENTURA, FL 33180

DO NOT WRITE IN THIS SPACE

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 _____ 4/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM MGRM
NAME	WEINSTEIN, RICARDO
STREET ADDRESS	2875 N.E. 191ST STREET ste #400A
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	MEM MGRM
NAME	DJMAL, RICARDO
STREET ADDRESS	2875 N.E. 191ST STREET, ste 400A
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 4/26/04 305-935-6955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #