2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-11-2003 90013 042 ****50.00

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1. Entity Name

LAS OLAS FIRST DEVELOPMENT, L.L.C.

Principal Place of Business	Mailing Address
2875 N.E. 191ST STREET TURNBERRY PLAZA SUITE 801 AVENTURA FL 33180	2875 N.E. 191ST STREET TURNBERRY PLAZA SUITE 801 AVENTURA FL 33180

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2875 N.E 191st. street	2875 NE. 191st. street
Suite, Apt. #, etc.: Suite 400A	Suite, Apt. #, etc.: Suite 400A
City & State: Aventura, FL	City & State: Aventura, FL
Zip: 33180 Country: USA	Zip: 33180 Country: USA

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WEINSTEIN, RICARDO 2875 N.E. 191ST STREET AVENTURA FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM DJMAL, RICARDO 2875 N.E. 191ST STREET AVENTURA FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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: SIGNATURE REQUIRED Ricardo Djmal (Member) 4/7/03 305-935-6955

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