2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State
05-09-2005 90050 012 ****50.00

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1. Entity Name
OLA REALTY, LLC

20058189

02282005 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
7040 W. PALMETTO PARK ROAD, SUITE 4-100 STE 4-100 BOCA RATON, FL 33437	7040 W. PALMETTO PARK ROAD, SUITE 4-100 STE 4-100 BOCA RATON, FL 33437

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 55-0801431 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALTMAN, OWEN
7240 PALMETTO PALM RD
STE 4-100
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name ALTMAN OWEN
Street Address (P.O. Box Number is Not Acceptable) 7040 W PALMETTO PARK ROAD
Suite 4-100
City Boca Raton FL Zip Code 33433

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

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ALTMAN, OWEN 7040 W PALMETTO PANIC RD 4-106 BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 7040 W Palmetto Park Rd 4-100
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RUBENSTEIN, LEON 7040 RUBENSTEIN BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 7040 W Palmetto Park Rd 4-100
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CARROLL, RICHARD 7040 W. PALMETTO PARK RD., #4-100 BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 4/3/05 8614999994
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #