


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000025127 1. Entity Name OLA REALTY, LLC	
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Principal Place of Business 7040 W. PALMETTO PARK ROAD, SUITE 4-100 STE 4-100 BOCA RATON, FL 33437	Mailing Address 7040 W. PALMETTO PARK ROAD, SUITE 4-100 STE 4-100 BOCA RATON, FL 33437
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DO NOT WRITE IN THIS SPACE



03022008No Chg-LLC

CR2E083 (11/05)

4. FEI Number 55-0801431	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

ALTMAN, OWEN
7042 W PALMETTO PARK RD
STE 4-100
BOCA RATON, FL 33433

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALTMAN, OWEN 7040 W PALMETTO PARK RD 4-100 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUBENSTEIN, LEON 7040 W PALMETTO PARK RD 4-100 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARROLL, RICHARD 7040 W. PALMETTO PARK RD., #4-100 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000485177
04/12/06-80069-020 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 808, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #