2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

Apr 25, 2007 8:00 am Secretary of State **DOCUMENT #L02000025127** 04-25-2007 90045 030 ****50.00 1. Entity Name OLA REALTY, LLC Principal Place of Business Mailing Address 7040 W. PALMETTO PARK ROAD, SUITE 4-100 7040 W. PALMETTO PARK ROAD, SUITE 4-100 STE 4-100 STE 4-100 BOCA RATON, FL 33437 BOCA RATON, FL 33437 3. Mailing Address 3843 L Suite, Apt. #, etc. Suite, Apt. #, etc. 03122007 Chg-LLC CR2E083 (12/06) City & State Applied For 4. FEI Number BOUR OCA 55-0801431 Not Applicable PAIN, BEACH Ζίρ \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALTMAN, OWEN 7042 W PALMETTO PARK RD STE 4-100 BOCA RATON, FL 33433 8. The above named egylly submits this state of Florida. Lam familiar the obligations of registered agent 0 CON applicable. (NOTE: Registered Agent signature required when renstating Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition ALTMÁN, OWEN NAME NAME STREET ADDRESS 7040 W PALMETTO PARK RD 4-100 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP TITLE MGR X Change ☐ Delete TITLE ☐ Addition RUBE NSTEIN LEON RUBENSTEIN, LEON NAME BOCA RATSH, 8/ 33496 STREET ADDRESS 7040 W PALMETTO PARK RD 4-100 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP MGR TITLE TITLE ☐ Delete ☐ Change ☐ Addition CARROLL, RICHARD NAME MALE STREET ADDRESS 7040 W. PALMETTO PARK RD., #4-100 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CHY-ST-ZP TITI F ☐ Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 fimilied liability company or the receiver or trustee epipolywered to execute this report as required by Chapter 608, Florida Statutes. fimited liability company or the receiver or trustee eg

ING TRANSCOME MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED