


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L02000025127</b>	
<b>1. Entity Name</b> OLA REALTY, LLC	

<b>Principal Place of Business</b> 3843 LANDINGS DR BOCA RATON, FL 33496	<b>Mailing Address</b> 3843 LANDINGS DR BOCA RATON, FL 33496
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-LLC

CR2E083 (12/07)

<b>4. FEI Number</b> 55-0801431	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

RUBENSTEIN, LEON  
3843 LANDINGS DR  
BOCA RATON, FL 33496

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**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** \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGR</b> <b>ALTMAN, OWEN</b> 7040 W PALMETTO PARK RD 4-100 BOCA RATON, FL 33433
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGR</b> <b>RUBENSTEIN, LEON</b> 3843 LANDINGS DR BOCA RATON, FL 33496
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGR</b> <b>CARROLL, RICHARD</b> 7040 W. PALMETTO PARK RD., #4-100 BOCA RATON, FL 33433
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

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01/23/08-80059-016-138.75

**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 608, Florida Statutes.

**SIGNATURE:**  **1/18/08** **561 994 1894**

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