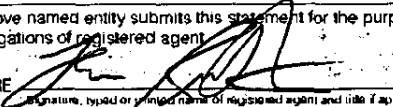
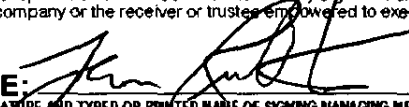


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90040 021 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000025127					
1. Entity Name OLA REALTY, LLC					
Principal Place of Business 7040 W. PALMETTO PARK ROAD, SUITE 4-100 BOCA RATON, FL 33433			Mailing Address 7040 W. PALMETTO PARK ROAD, SUITE 4-100 BOCA RATON, FL 33433		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEL 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 FILINGS, INC. 3732 NORTHWEST 16TH STREET FORT LAUDERDALE, FL 33433				7. Name and Address of New Registered Agent	
				Name OWEN AITMAN	
				Street Address (P.O. Box Number is Not Acceptable) 7240 PALMETTO PARK RD	
				Suite 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  (NOTE: Registered Agent's signature required when registering) DATE 4/14/03					
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	MGRM VOGEL, ARTHUR 7040 W. PALMETTO PARK ROAD, SUITE 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	MBR OWEN AITMAN 7040 W PALMETTO PARK RD 4-100 BOCA RATON FL 33433 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MBR LEON RUBENSTEIN 7040 PALMETTO PARK RD 4-100 BOCA RATON FL 33433 ☐ 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 60B, Florida Statutes.					
SIGNATURE:  DATE 4/14/03 Daytime Phone # 561 499 9994					

CR2E083 (10/02)