



2005

**2004 LIMITED LIABILITY COMPANY
REINSTATEMENT**

50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 21 AM 10:31

DOCUMENT # L03000011421					
1. Entity Name LAS OLAS HOUSE & INVESTMENTS, L.L.C.					
Principal Place of Business 6667 NW 110TH WAY PARKLAND, FL 33076			Mailing Address PO BOX 7667 WEST SAMPLE RD. CORAL SPRINGS, FL 33065-#179		
2. Principal Place of Business 1901 E ATLANTIC BLVD		3. Mailing Address 1901 E ATLANTIC BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11032004 REIN-LLC CR2E101 (6/04)	
City & State Pompano Beach FL		City & State Pompano Beach FL		4. FEI Number 73-1662554	
Zip 33060		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TAX HOUSE CORPORATION 3929 N FEDERAL HWY. POMPAÑO BEACH, FL 33064			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is OK) _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CULLIN, THOMAS WALTER 8971 NW 33RD STREET CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVINSON, ADAM C 6667 NW 110TH WAY PARKLAND, FL 33076	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600047475356 03/01/05--01005--014 ***200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Adam Levinson</u> ADAM LEVINSON 11/9/04 954-650-2460 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					