2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000047276

1. Entity Name
LAS OLAS PROPERTY MANAGERS, LLC

Principal Place of Business	Mailing Address
5722 SOUTH FLAMINGO ROAD, STE. 288 COOPER CITY, FL 33330	5722 SOUTH FLAMINGO ROAD, STE. 288 COOPER CITY, FL 33330

04142006No Chg-LLC CR2E063 (11/05)

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4. Fei Number
20-0558851

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PRUDEN, JAMES L ESQ
980 N FEDERAL WAY STE 404
BOCA RATON, FL 33432

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	PALANK, ANGELICA
STREET ADDRESS	5722 SOUTH FLAMINGO ROAD, STE. 288
CITY-ST-ZIP	COOPER CITY, FL 33330
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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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: Angelica Palank

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