


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2005 08:00 AM**  
**Secretary of State**

|  |  |   |
|--|--|---|
| <b>DOCUMENT # L03000052411</b>                 |  |  |
| 1. Entity Name<br><b>LAS OLAS HOLDINGS LLC</b> |  |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>1515 N. FEDERAL HWY, STE 206<br/>BOCA RATON FL 33432</b> | Mailing Address<br><b>1515 N. FEDERAL HWY, STE 206<br/>BOCA RATON FL 33432</b> |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



1st MOORE CR2E083 (10/04)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-1215641</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent                        |  |
| <b>NRAI SERVICES, INC.<br/>526 E PARK AVE<br/>TALLAHASSEE FL 32301</b> |  |

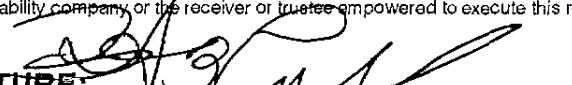
|  |             |
|--|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City   | FL Zip Code |

|   |      |
|---|------|
| 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   | DATE |

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS                     |   | 10. ADDITIONS/CHANGES                            |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <b>MGRM<br/>CAMPBELL, ROBERT B<br/>1515 N. FEDERAL HWY, STE 206<br/>BOCA RATON FL 33432</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <b>U00000209129<br/>02/02/05-80024-007 200.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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:         | <b>1-36-05</b>       |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date Daytime Phone # |