


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90310 027 ***138.75

DOCUMENT # L04000023022

1. Entity Name
OPERA TOWER, LLC



Principal Place of Business 100 S. BISCAYNE BLVD. SUITE 900 MIAMI, FL 33131 US	Mailing Address 100 S. BISCAYNE BLVD. SUITE 900 MIAMI, FL 33131 US
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60025798



02192008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0922052	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLLO, JEROME S
 100 S. BISCAYNE BLVD.
 SUITE 1100
 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLLO, TIBOR 100 S. BISCAYNE BLVD., SUITE 1100 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLLO, WAYNE 100 S BISCAYNE BLVD MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLLO, JEROME 100 S BISCAYNE BLVD MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAHAN, PHILIP 100 S BISCAYNE BLVD MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KASSMAN, BRUCE 100 S BISCAYNE BLVD MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KATZ, LEONARD 100 S BISCAYNE BLVD MIAMI, FL 33131

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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: *[Signature]* *[Signature]* *4-20-08*

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