


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000087565		
1. Entity Name LAS OLAS GROUP GP, LLC		
Principal Place of Business 301 GRANT STREET 20TH FL PITTSBURGH, PA 15219	Mailing Address 301 GRANT STREET 20TH FL PITTSBURGH, PA 15219	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KESSLER, EUGENE 19501 BISCAYNE BLVD STE 400 AVENTURA, FL 33180		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KESSLER, JACK 301 GRANT STREET 20TH FL PITTSBURGH, PA 15219	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KESSLER, EUGENE 19501 BISCAYNE BLVD STE. 400 AVENTURA, FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARELLO, RAY 19501 BISCAYNE BLVD STE. 400 AVENTURA, FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KESSLER, STUART 19501 BISCAYNE BLVD STE. 400 AVENTURA, FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERNSTEIN, KENNETH 19501 BISCAYNE BLVD STE. 400 AVENTURA, FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Stan Roman</u> STAN ROMAN		4-24-06
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



04242006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2146017

Applied For
Not Applicable

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

U00000532535
05/06/06-80080-018 50.00