


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90341 042 ****50.00

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		
2. Principal Place of Business - No P.O. Box # 19501 Biscayne Blvd.		3. Mailing Address 19501 Biscayne Blvd.			
Suite, Apt. #, etc. Suite 400, Attn. Legal Dept.		Suite, Apt. #, etc. Suite 400, Attn. Legal Dept.			
City & State Aventura, FL 33180		City & State Aventura, FL 33180		4. FEI Number 20-2146017	
Zip 33180		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KESSLER, EUGENE 19501 BISCAYNE BLVD STE 400 AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name Lori R. Hartglass Street Address (P.O. Box Number is Not Acceptable) 19501 Biscayne Blvd. Suite 400, Attn. Legal Dept. City Aventura FL Zip Code 33180		
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 <u><i>Lori R. Hartglass</i></u> APR 24 2007 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KESSLER, JACK 301 GRANT STREET 20TH FL PITTSBURGH, PA 15219	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KESSLER, EUGENE 19501 BISCAYNE BLVD STE. 400 AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PARELLO, RAY 19501 BISCAYNE BLVD STE. 400 AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KESSLER, STUART 19501 BISCAYNE BLVD STE. 400 AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BERNSTEIN, KENNETH 19501 BISCAYNE BLVD STE. 400 AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BERNSTEIN, KENNETH 19501 BISCAYNE BLVD STE. 400 AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BERNSTEIN, KENNETH 19501 BISCAYNE BLVD STE. 400 AVENTURA, FL 33180	<input type="checkbox"/> Delete			
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><i>Stan Roman</i></u> STAN ROMAN APR 24 2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					