


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000087565 1. Entity Name LAS OLAS GROUP GP, LLC	
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Principal Place of Business 19501 BISCAYNE BLVD. SUITE 400, ATTN. LEGAL DEPT AVENTURA, FL 33180	Mailing Address 19501 BISCAYNE BLVD. SUITE 400, ATTN. LEGAL DEPT AVENTURA, FL 33180
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DO NOT WRITE IN THIS SPACE



04222008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2146017	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

HARTGLASS, LORI R
19501 BISCAYNE BLVD STE 400
ATTN. LEGAL DEPT
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 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	

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05/15/08-80012-011 138.75

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

RAY PARELLO

4-22-08

Date

305-937-6200

Daytime Phone #