


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000000047**

1. Entity Name  
**NEXUS LAS OLAS, LLC**



Principal Place of Business      Mailing Address

**3275 VETS HIGHWAY, SUITE B12**      **3275 VETS HIGHWAY, SUITE B12**  
**RONKONKOMA, NY 11779**      **RONKONKOMA, NY 11779**

**DO NOT WRITE IN THIS SPACE**



01262006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number      Applied For

**20-2086827**      Not Applicable

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

6. Name and Address of Current Registered Agent

**ROJAS, JIMMY**  
**347 N. NEW RIVER DRIVE EAST**  
**FORT LAUDERDALE, FL 33441**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DANZI, MICHAEL
STREET ADDRESS	19 VIKING DRIVE
CITY-ST-ZIP	WEST ISLIP, NY 11795
TITLE	MGRM
NAME	TAMASI, GREGORY
STREET ADDRESS	21 STARLING PLACE
CITY-ST-ZIP	FARMINGVILLE, NY 11738
TITLE	MGRM
NAME	ROJAS, JIMMY
STREET ADDRESS	180 OLD COUNTRY ROAD
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	MGRM
NAME	NAVARRO, ALAN
STREET ADDRESS	177 B OLD SOUTH PATH
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/29/06-80056-007 50.00

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:  **MICHAEL DANZI**      3-13-06      631-664-3361

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