


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


**FILED**  
**Feb 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000000047</b>	
1. Entity Name <b>NEXUS LAS OLAS, LLC</b>	

Principal Place of Business <b>3275 VETS HIGHWAY, SUITE B12 RONKONKOMA NY 11779</b>	Mailing Address <b>3275 VETS HIGHWAY, SUITE B12 RONKONKOMA NY 11779</b>
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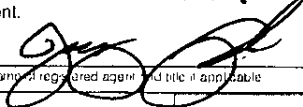
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>20-2086827</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

	
1st MOORE	CR2E083 (10/06)
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>ROJAS, JIMMY 347 N. NEW RIVER DRIVE EAST FORT LAUDERDALE FL 33441</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

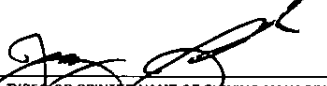
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE

<b>FILE NOW!!! FEE IS \$50.00</b>	
<b>Make Check Payable to Florida Department of State</b>	
<b>Due By May 1, 2007</b>	

9. MANAGING MEMBERS/MANAGERS													
<table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <b>MGRM DANZI, MICHAEL 19 VIKING DRIVE WEST ISLIP NY 11795</b> <input type="checkbox"/> Delete </td> </tr> <tr> <td> <b>TAMASI, GREGORY 21 STARLING PLACE FARMINGVILLE NY 11738</b> <input type="checkbox"/> Delete </td> <td></td> </tr> <tr> <td> <b>MGRM ROJAS, JIMMY 180 OLD COUNTRY ROAD MELVILLE NY 11747</b> <input type="checkbox"/> Delete </td> <td></td> </tr> <tr> <td> <b>MGRM NAVARRO, ALAN 177 B OLD SOUTH PATH MELVILLE NY 11747</b> <input type="checkbox"/> Delete </td> <td></td> </tr> <tr> <td> <input type="checkbox"/> Delete </td> <td></td> </tr> <tr> <td> <input type="checkbox"/> Delete </td> <td></td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DANZI, MICHAEL 19 VIKING DRIVE WEST ISLIP NY 11795</b> <input type="checkbox"/> Delete	<b>TAMASI, GREGORY 21 STARLING PLACE FARMINGVILLE NY 11738</b> <input type="checkbox"/> Delete		<b>MGRM ROJAS, JIMMY 180 OLD COUNTRY ROAD MELVILLE NY 11747</b> <input type="checkbox"/> Delete		<b>MGRM NAVARRO, ALAN 177 B OLD SOUTH PATH MELVILLE NY 11747</b> <input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		
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10. ADDITIONS/CHANGES													
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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<b>SIGNATURE:</b> 	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date
	Daytime Phone #