

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073322

FILED
May 01, 2008
Secretary of State

Entity Name: OLA DEVELOPMENT GROUP, LLC

Current Principal Place of Business:

13081 SW 133RD COURT
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

13081 SW 133RD COURT
MIAMI, FL 33186

New Mailing Address:

FEI Number: 20-3200530 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LEPORE, ANTHONY T
1890 NW 139 TERRACE
PEMBROKE PINE, FL 33028 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EDEN, ADIB
Address: 9415 SW 144 STREET
City-St-Zip: MIAMI, FL 33176

Title: MGR (X) Delete
Name: LEON, LUIS
Address: 7245 SW 105 TERRACE
City-St-Zip: MIAMI, FL 33156

Title: MGR () Delete
Name: FERNANDEZ, OSCAR
Address: 11521 SW 98 COURT
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ADIB EDEN

MGRM

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date