

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074121

Entity Name: MINTO LAS OLAS, LLC

FILED
Jun 25, 2008
Secretary of State

Current Principal Place of Business:

4400 W. SAMPLE ROAD
SUITE 200
COCONUT CREEK, FL 33073 US

New Principal Place of Business:

Current Mailing Address:

4400 W. SAMPLE ROAD
SUITE 200
COCONUT CREEK, FL 33073 US

New Mailing Address:

FEI Number: 32-0155660 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:

POSIN, HARRY L MGR
4400 W. SAMPLE ROAD
SUITE 200
COCONUT CREEK, FL 33073 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: POSIN, HARRY L
Address: 4400 W. SAMPLE ROAD, SUITE 200
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: MGR () Delete
Name: JOANISSE, PHILIPPE
Address: 4400 W. SAMPLE ROAD, SUITE 200
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: P () Delete
Name: POSIN, HARRY
Address: 4400 W. SAMPLE ROAD, SUITE 200
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: D () Delete
Name: GREENBERG, ROGER
Address: 4400 W. SAMPLE ROAD, SUITE 200
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: SVP () Delete
Name: JOANISSE, PHILIPPE
Address: 4400 W. SAMPLE ROAD, SUITE 200
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: VST () Delete
Name: RODGERS, FRANK
Address: 4400 W. SAMPLE ROAD, SUITE 200
City-St-Zip: COCONUT CREEK, FL 33073 US

ADDITIONS/CHANGES:

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

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

Title: P (X) Change () Addition
Name: POSIN, HARRY L
Address: 4400 W. SAMPLE ROAD, SUITE 200
City-St-Zip: COCONUT CREEK, FL 33073 US

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: HARRY L POSIN

MGR

06/25/2008

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