

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093842

FILED
Feb 01, 2008
Secretary of State

Entity Name: FRENCH QUARTER LAS OLAS, L.L.C.

Current Principal Place of Business:

100 N.W. 70TH AVENUE
FIRST FLOOR
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

100 N.W. 70TH AVENUE
FIRST FLOOR
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 14-1959170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEPARD & LESKAR, P.A.
100 NORTHWEST 70TH AVENUE, FIRST FLOOR
PLANTATION, FL 33317 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: MGRM () Delete
Name: POLLIO, DAVID
Address: 1263 EAST LAS OLAS BLVD., SUITE 202
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM () Delete
Name: SHEPARD, MURRAY E
Address: 100 NORTHWEST 70TH AVENUE, FIRST FLOOR
City-St-Zip: PLANTATION, FL 33317

Title: MGRM () Delete
Name: LESKAR, DAVID W
Address: 100 NORTHWEST 70TH AVENUE, FIRST FLOOR
City-St-Zip: PLANTATION, FL 33317

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: MURRAY SHEPARD

PRES

02/01/2008

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