

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000103292

Entity Name: LAS OLAS PROJECT, LLC

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

C/O RONNY J. HALPERIN, P.A.  
17961 BISCAYNE BOULEVARD, SUITE B-1  
AVENTURA, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RONNY J. HALPERIN, P.A.  
17961 BISCAYNE BOULEVARD, SUITE B-1  
AVENTURA, FL 33160

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RONNY J. HALPERIN, P.A.  
17961 BISCAYNE BOULEVARD  
SUITE B-1  
AVENTURA, FL 33160 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  
Name: COHEN, MARCOS  
Address: C/O R J HALPERIN, 17961 BISCAYNE BLVD B-1  
City-St-Zip: AVENTURA, FL 33160

I hereby 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: MARCOS COHEN

MGRM

03/15/2011

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