2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000011001

1. Entity Name
VILLAGGIO DI LAS OLAS, INC.

Principal Place of Business	Mailing Address
1103 EAST LAS OLAS BLVD. SUITE 200 FORT LAUDERDALE, FL 33301 US	1103 EAST LAS OLAS BLVD. SUITE 200 FORT LAUDERDALE, FL 33301 US

DO NOT WRITE IN THIS SPACE

01192006 No Chg P CR2E034 (11/05)

4. FEI Number
65-0726945
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COKER, RICHARD G JR
1404 S. ANDREW AVE.
FORT LAUDERDALE, FL 33316

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHIFF, MICHAEL A
STREET ADDRESS	1103 EAST LAS OLAS BLVD. #200
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	VD
NAME	SHIFF, JUSTEN D
STREET ADDRESS	1103 E. LAS OLAS BLVD. #200
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/8/06 954-463-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #