

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90264 023 \*\*\*150.00

**DOCUMENT # P97000051408**  
 1. Entity Name  
**LAS OLAS TOWER AT RIVERWALK, INC**

Principal Place of Business <b>4800 N FEDERAL HWY STE 105E BOCA RATON, FL 33431</b>	Mailing Address <b>200 S. BISCAYNE BLVD. SUITE 4900 MIAMI, FL 33131</b>
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**00067928**

2. Principal Place of Business <b>13790 NW 4TH STREET</b>	3. Mailing Address <b>13790 NW 4TH STREET</b>
Suite, Apt. #, etc. <b>SUITE 113</b>	Suite, Apt. #, etc. <b>SUITE 113</b>

DO NOT WRITE IN THIS SPACE

City & State <b>SUNRISE, FL</b>	City & State <b>SUNRISE, FL</b>	4. FEI Number <b>65-0763340</b>	Applied For Not Applicable
Zip <b>33325</b>	Country	Zip <b>33325</b>	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**  
**GRAGG, LAWRENCE K.**  
**200 S. BISCAYNE BLVD.**  
**SUITE 4900**  
**MIAMI, FL 33131**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>ACKERMAN, RICHARD S</b> <input checked="" type="checkbox"/> Delete <b>4800 N FEDERAL HWY, SUITE 105E</b> <b>BOCA RATON, FL 33431</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <input type="checkbox"/> Delete <b>GITLIN, GENE</b> <b>4800 N. FEDERAL HWY, SUITE 105E</b> <b>BOCA RATON, FL 33431</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PD</b> <b>AHERN, PATRICK M.</b> <b>C/O AHERN, 2 GREENWICH PLAZA</b> <b>GREENWICH, CT 06830</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VD</b> <b>GIBLIN JR., E.M.</b> <b>13790 N.W. 4TH ST, SUITE 113</b> <b>SUNRISE, FL 33325</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TD</b> <b>WILCOX II, R. JOHN</b> <b>C/O AHERN, 2 GREENWICH PLAZA</b> <b>GREENWICH, CT 06830</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SD</b> <b>WILCOX, ROBERT J.</b> <b>C/O AHERN, 2 GREENWICH PLAZA</b> <b>GREENWICH, CT 06830</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V</b> <b>MILLER, ANDREA</b> <b>13790 N.W. 4TH ST, SUITE 113</b> <b>SUNRISE, FL 33325</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **E.M. GIBLIN, JR.** **4-26-01** **954-838-7100**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/00)