

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Mar 01, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A03000001190**

1. Entity Name  
**VILLAGE LOFTS, LTD.**



<b>Principal Place of Business</b> 425 N. ANDREWS AVE. #1 FT. LAUDERDALE, FL 33301	<b>Mailing Address</b> 425 N. ANDREWS AVE. #1 FT. LAUDERDALE, FL 33301
---	---



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01112005    Chg-LP    CR2E003 (10/03)

4. FEI Number      Applied For  
**06-1704905**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ELKIN, STEVEN C**  
**C/O FRANK, WEINBERG & BLACK**  
**7805 S.W. 6TH COURT**  
**PLANTATION, FL 33324**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

9. Capital Contributions as Shown on record    **\$400,000.00**

10. Amount of Capital Contributions in FLORIDA to date.    **-0-**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

**13. ADDRESS CHANGES ONLY**

DOCUMENT # **L02000027935**  
 NAME **FAT VILLAGE DEVELOPMENT, LLC**  
 STREET ADDRESS **425 N. ANDREWS AVE, #1**  
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

**1000000247709**  
**03/01/05-80034-018 526.25**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**ALAN C. HOOPER 1-13-05 761-8437**

STAPLE CHECK HERE