

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000008288

1. Entity Name
UPTOWN LOFTS, L.L.C.



Principal Place of Business

1789 SW 3RD AVE
MIAMI, FL 33129

Mailing Address

1789 SW 3RD AVE
MIAMI, FL 33129

DO NOT WRITE IN THIS SPACE



03082005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
80-0067044

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PORTUONDO, FERNANDO J ESQ.
FERNANDO J. PORTUONDO, P.A.
2121 PONCE DE LEON BLVD., SUITE 600
CORAL GABLES, FL 33134

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IN THIS SPACE**

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

U000000288134
04/04/05-80097-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
COBALT DEVELOPEMNT GROUP, INC
1789 SW 3RD AVE
MIAMI, FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PORRO, JUAN
1789 SW 3RD AVE
MIAMI, FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MENDICINO, DANIEL
5709 COURTLAND PALCE
ALEXANDRIA, LA 71301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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:

Daniel Mendicino

DANIEL MENDICINO

3/28/05

305-854-5504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #