


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000013860
 1. Entity Name
LOFTS OF SEABREEZE, LLC



Principal Place of Business C/O CHARLES WAYNE PROPERTIES 444 SEABREEZE BLVD., SUITE 1000 DAYTONA BEACH, FL 32118	Mailing Address C/O CHARLES WAYNE PROPERTIES 444 SEABREEZE BLVD., SUITE 1000 DAYTONA BEACH, FL 32118
--	--

DO NOT WRITE IN THIS SPACE



01182007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2303985	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**LICHTIGMAN, CHARLES S
 C/O CHARLES WAYNE PROPERTIES
 444 SEABREEZE BLVD., SUITE 1000
 DAYTONA BEACH, FL 32118**

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LICHTIGMAN, CHARLES 444 SEABREEZE BLVD. , STE 1000 DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KONCHAN, SUZANNE 444 SEABREEZE BLVD. STE 1000 DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KONCHAN, DAVID 444 SEABREEZE BLVD. , STE 1000 DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000743370
 05/15/07-80105-018 50.00

DO NOT WRITE IN THIS SPACE

11. 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 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: Charles S. Lichtigman **4/25/07** **386-238-3600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #