


2006

**ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90218 006 \*\*\*\*61.25

DOCUMENT # N05000008118					
1. Entity Name UPTOWN LOFTS CONDOMINIUM ASSOCIATION, INC					
Principal Place of Business The Continental Group, Inc 2950 N. 28 <sup>th</sup> Terrace Hollywood, FL 33020		Mailing Address The Continental Group, Inc 2950 N. 28 <sup>th</sup> Terrace Hollywood, FL 33020			
2. Principal Place of Business		3. Mailing Address		02172006 Chg-LLC CR2E083 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 80-0067044	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PORTUONDO, FERNANDO J ESQ. FERNANDO J. PORTUONDO, P.A. 2121 PONCE DE LEON BLVD., SUITE 600 CORAL GABLES, FL 33134			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	Cindy Callette	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COBALT DEVELOPEMNT GROUP, INC		NAME	2275 Biscayne Blvd	
STREET ADDRESS	1789 SW 3RD AVE		STREET ADDRESS	Miami FL 33139	
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	Antonio Penaranda	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PORRO, JUAN		NAME	2275 Biscayne Blvd	
STREET ADDRESS	1789 SW 3RD AVE		STREET ADDRESS	Miami FL 33139	
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	Peter Mastroiugue	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENDICINO, DANIEL		NAME	2275 Biscayne Blvd T/S	
STREET ADDRESS	5709 COURTLAND PALCE		STREET ADDRESS	Miami, FL 33139	
CITY-ST-ZIP	ALEXANDRIA, LA 71301		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>C. Callette</u>			Date _____ Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					