## 2006

## **ANNUAL REPORT**

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

DOCUMENT # N05000008118  1. Entity Name UPTOWN LOFTS CONDOMINIUM ASSOCIATION, INC.					03-24-2006 90218 006 ****61.25					
Principal Plac	e of Business	Mailing Address The Continental Gr	oup I	inc.						
The Continental Group, Inc  2950 N. 28 <sup>th</sup> Terrace  2950 N. 28 <sup>th</sup> Terrace  2950 N. 28 <sup>th</sup> Terrace										
Hollywood, FL 33020 Hollywood, FL 33020										
Principal Place of Business     3. Mailing Address					4					
2. Fillicipal F	idde of business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02172006 Chg-LLC CR2E083 (11/05)					
City & State		City & State		4. FEI Numb			<b>→</b>	plied For t Applicable		
Zip Country		Zip	Zip Country		5. Certificate	5. Certificate of Status Desired Space Spa				
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and	d Address of New Regist				
DODTUG	100 5501141100 1500			Name						
PORTUONDO, FERNANDO J ESQ. FERNANDO J. PORTUONDO, P.A.				Street Address (P.O. Box Number is Not Acceptable)						
2121 PON	CE DE LEON BLVD., SUITE 6					•				
CORAL G	ABLES, FL 33134			Oite				71- C-4		
				City	FL Zip Code					
	named entity submits this statement fo lions of registered agent.	r the purpose of changing its	register	ed office or regist	tered agent, or bo	oth, in the State of Florida.	I am fan	niliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature requi	red when reinstating)		DATE			
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4										
	iling Fee is \$50.00 ue by May 1, 2006					Make ch Florida Dep			e	
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9.	ue by May 1, 2006  MANAGING MEMBE  MGRM	Delete	TITLE	·  Ci	ndu Ga	Florida Dep	NGES		Addition	
9. TITLE NAME	MANAGING MEMBE MGRM COBALT DEVELOPEMNT GROU	Delete	TITLE	E CI	ndy Go	Florida Dep ADDITIONS/CHA	NGES	t of State		
9.	ue by May 1, 2006  MANAGING MEMBE  MGRM	Delete	TITLE NAM STRE	ET ADDRESS 722	ndy Ca 175 Bisa Iami	Florida Dep	NGES	t of State		
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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: Joliulta

Daytime Phone #