


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90062 028 ****50.00

DOCUMENT # L03000000318																																																																							
1. Entity Name EDGEWATER LOFTS, L.L.C.																																																																							
Principal Place of Business 2875 N.E. 191ST STREET STE. 801 AVENTURA, FL 33180			Mailing Address 2875 N.E. 191ST STREET STE. 801 AVENTURA, FL 33180																																																																				
2. Principal Place of Business		3. Mailing Address 1835 E Hallandale Beach Blvd.																																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc. 415																																																																					
City & State		City & State Hallandale FL		4. FEI Number 11-3693944																																																																			
Zip	Country	Zip 33009	Country U.S.	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																			
6. Name and Address of Current Registered Agent SERBER, DANIEL J 2875 N.E. 191ST STREET STE. 801 AVENTURA, FL 33180			7. Name and Address of New Registered Agent																																																																				
			Name																																																																				
			Street Address (P.O. Box Number is Not Acceptable)																																																																				
			City																																																																				
			State 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																																																																							
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left; padding: 5px;">10. ADDITIONS/CHANGES</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">NAME</td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">NAME</td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="5" style="padding: 5px;">501 Golden Isles Dr. Suite 206-B.</td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="5" style="padding: 5px;">Hallandale FL 33009.</td> </tr> <tr><td colspan="6" style="padding: 5px;"> </td></tr> <tr><td colspan="6" style="padding: 5px;"> </td></tr> <tr><td colspan="6" style="padding: 5px;"> </td></tr> <tr><td colspan="6" style="padding: 5px;"> </td></tr> <tr><td colspan="6" style="padding: 5px;"> </td></tr> <tr><td colspan="6" style="padding: 5px;"> </td></tr> <tr><td colspan="6" style="padding: 5px;"> </td></tr> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS	501 Golden Isles Dr. Suite 206-B.					CITY-ST-ZIP	Hallandale FL 33009.																																														
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11. 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 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: _____ DATE: 4/27/04 DAYTIME PHONE #: (305) 215-4300																																																																							