2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State
02-27-2006 90428 022 ****50.00

DOCUMENT # L02000027265

1. Entity Name

1528-1650 BRICKELL AVE. LOFTS VENTURE, LLC.

Principal Place of Business	Mailing Address
1110 BRICKELL AVENUE, #804 MIAMI FL 33131	1110 BRICKELL AVENUE, #804 MIAMI FL 33131

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
1110 Brickell Ave	1110 Brickell Ave
Suite, Apt. #, etc.: 810	Suite, Apt. #, etc.: 810
City & State: Miami, FL	City & State: Miami, FL
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. FEI Number: 33-1026677 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OMEGA ALPHA ENGINEERING USA CORP. 1110 BRICKELL AVENUE, #804 MIAMI FL 33131	Name: Omega Alpha Development LLC Street Address (P.O. Box Number is Not Acceptable): 1110 Brickell Avenue, Suite 810 City: Miami FL Zip Code: 33131

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR OMEGA ALPHA ENGINEERING USA CORP. 1110 BRICKELL AVENUE, STE 804 MIAMI FL 33131	☐ Delete	MGR Omega Alpha Development LLC 1110 Brickell Avenue, Suite 810 Miami, FL, 33131	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #