

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000130858

**Entity Name:** LOFTON ISLAND GP LLC

**Current Principal Place of Business:**

3040 OASIS GRAND BLVD  
3RD FLOOR ADMINISTRATION OFFICE  
FORT MYERS, FL 33916

**Current Mailing Address:**

1475 LOWER WATER ST  
SUITE 100  
HALIFAX, NS B3J3Z-2 CA

**FEI Number:** 27-4648638

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            CEM  
Name            MORLEY, NEIL  
Address        84 CHAIN LAKE DR. - SUITE 500  
City-State-Zip: HALIFAX NS B3S1A-2

Title            MGR  
Name            LAING, GORDON  
Address        1475 LOWER WATER ST., SUITE 100  
City-State-Zip: HALIFAX NS B3J3Z-2

Title            MGR  
Name            GEOSAM CAPITAL US LLC  
Address        84 CHAIN LAKE DR.  
                  SUITE 500  
City-State-Zip: HALIFAX NS B3S1A2

Title            MGR  
Name            HILLSBOROUGH CHANNEL II LLC  
Address        100 - 1475 LOWER WATER ST.  
City-State-Zip: HALIFAX NS B3J3Z2

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GORDON LAING

P

04/04/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date