

**2017 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, B3J3Z2 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 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 400-145 HOBSONS LAKE DRIVE  
City-State-Zip: HALIFAX B3S0H9

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

**PRESIDENT**

**04/20/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date