

2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L10000130858

Entity Name: LOFTON ISLAND GP LLC**Current Principal Place of Business:**424 LUNA BELLA LANE
SUITE 122
NEW SMYRNA BEACH, FL 32168-4685**Current Mailing Address:**145 HOBSON'S LAKE DRIVE
SUITE 400
HALIFAX, B3S 0H9 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	MANAGER, PRESIDENT
Name	ARMOYAN, GEORGE
Address	145 HOBSON'S LAKE DRIVE SUITE 400
City-State-Zip:	HALIFAX NS B3S 0H9

Title	MANAGER
Name	PHAM, MARTIN
Address	424 LUNA BELLA LANE SUITE 22
City-State-Zip:	NEW SMYRNA BEACH FL 32168-4685

Title	MANGER
Name	SHAHINIAN, DAVID
Address	424 LUNA BELLA LANE SUITE 122
City-State-Zip:	NEW SMYRNA BEACH FL 32168-4685

Title	EXECUTIVE VICE-PRESIDENT
Name	JEFFERY, ROBERT J. M.
Address	145 HOBSON'S LAKE DRIVE SUITE 400
City-State-Zip:	HALIFAX NS B3S 0H9

Title	CORPORATE SECRETARY
Name	ARMOYAN, HRIPSIME
Address	145 HOBSON'S LAKE DRIVE SUITE 400
City-State-Zip:	HALIFAX NS B3S 0H9

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: GEORGE ARMOYAN

MANAGER

11/15/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date