

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 HOBSONS 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 HOBSONS 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 HOBSONS LAKE DRIVE
SUITE 400
City-State-Zip: HALIFAX NS B3S 0H9

Title: CORPORATE SECRETARY
Name: ARMOYAN, HRIPSIME
Address: 145 HOBSONS 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