2005 LIMITED PARTNERSHIP ANNUAL REPO

FILED Apr 04, 2005 8:00 am Secretary of State

DOCUMENT # A0300001038 1. Entity Name TRG - THE LOFT, LTD.									ily of State
2828 CORAL WAY, PENTHOUSE SUITE 28				Mailing Address 2828 CORAL WAY, PENTHOUSE SUITE MIAMI, FL 33145			INN IITII KNIIK NAKII AT	RIII 88(() 84581 USIII 88(88 ())81 JANYII 81 JAN	
2. Principal Place of Business			3. /	3. Mailing Address					
Suite, Apt. #, etc.			5	Suite, Apt. #, etc.			03222005	Chg-LP	CR2E003 (10/03)
City & State				City & State			4. FEI Number 02-06999	962	Applied For Not Applicable
Zip	Country		Z	Zip Coun		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	and Address of Cur	ered Agent		N	7. Name and Address of New Registered Agent				
HERNANDEZ, ANGEL A 2828 CORAL WAY, PENTHOUSE SUITE MIAMI, FL 33145						Name Street Address (P.O. Box Number is Not Acceptable)			
						City			Zip Code
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 a the obligations of registered agent.									
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions as Shown on record. \$99.90 10. Amount of Capital Cor in FLORIDA to date.						butions			DATE
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.									
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY									
DOCUMENT #	P0300007		STREET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP	TRG - THE LOFT, INC. 2828 CORAL WAY, PENTHOUSE MIAMI, FL 33145			SUITE		'-ST-ZIP			<u></u>
DOCUMENT #				STRE		EET ADDRESS			
STREET ADDRESS CITY-SI-ZIP					CITY	ITY-ST-ZIP			
DOCUMENT /					STR	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP					CiTY	r-ST-ZIP	04/15/	/050100	820450 7003 **150.00
OOCUMENT /					STR	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP					CITY	'-ST-ZIP		i	
DOCUMENT #						EET ADDRESS			
STREET ADDRESS	REET ADDRESS					'-ST-ZIP			
DOCUMENT /					ŞTRI	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP					CITY	/-ST-ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes									
SIGNATURE: ANGEL HERNANDEZ VICE-PRESIDENT Dail Daylore Phone F Daylore Phone F									

IMPORTANT INSTRUCTIONS

- Make check payable to Florida Department of State.
 Check must be payable in United States Funds and through a United States Bank.
- Submit report with a separate check for each filing.
- Changes must be typed or printed in ink and legible.
- Sign report in block 14.
- * See the instructions for block 11 to compute the total amount due.

- Block 1. Block 1 contains the name, document number, mailing address and principal place of business last reported to our office. You cannot change the name on this form. You must file an amendment to change the name. For amendment information, call (850) 245-6051.
- Block 2 & 3. If applicable, enter new principal office address in Block 2. If applicable, enter the new mailing address in Block 3. A Post Office Box is acceptable.
- Block 4. If blank, complete Block 4 by entering your Federal Employer Identification (FEI) number or checking either applied for or not applicable. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 829-1040.
- Block 5. If you need a certificate of status, check the BOX in Block 5 and include an additional \$8.75. All certificates will be mailed to the entity's mailing address.
- Block 6. The law requires that each entity have a Registered Agent with a Florida street address. If the information in Block 6 is incorrect, enter the correct information in Block 7.
- Block 7. If applicable, enter new agent's name and/or address. The registered office address must be a Florida Street address. A P.O. Box or mail service is NOT acceptable for service of process. THE ENTITY CANNOT SERVE AS ITS OWN REGISTERED AGENT.
- Block 8. If applicable, the new Registered Agent must sign in Block 8. No signature is necessary if the same Registered Agent is retained.
- Block 9. If Florida limited partnership, this block contains the total amount contributed and anticipated to be contributed by the limited partners last reported to this office.

 If out-of-state limited partnership, this block contains the total anticipated amount of the limited partners contributions allocated for the purpose of transacting business in Florida last reported to this office.
- Block 10. If Florida limited partnership, enter the amount of the capital contributions of its limited partners to date.
 - If out-of-state limited partnership, enter the amount of the capital contributions of its limited partners that is allocated for the principal purpose of transacting business in Florida. If the amount entered in Block 10 is greater than the amount listed in Block 9, a supplemental affidavit along with a separate filing fee must be submitted. Please refer to www.sunbiz.org for information on how to file a supplemental affidavit.

Supplemental Affidavit Fee: \$7 per \$1,000 on additional contributions (Minimum \$52.50, Maximum \$1,750)

- Block 11. UBR Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in Block 10 or 9 if 10 is blank, with a minimum of \$52.50 and a maximum of \$437.50. UBR Supplemental Fee: \$88.75 is due in accordance with 607.193, F.S. Late Fee: \$400 (Applicable after May 1st)
 - The amount due shall be no less than \$141.25 (\$52.50 + \$88.75) and no more than \$526.25 (\$437.50 + \$88.75). (Note: If the amount entered in Block 10 is greater than the amount listed in Block 9, a supplemental affidavit along with a separate filing fee must be submitted.)
- Block 12. Block 12 contains the general partners last reported to our office. An amendment must be filed to change the general partners. Call (850) 245-6051 for amendment information.
- Block 13. If applicable, use block 13 to change the address of a general partner. Changes must be typed or printed and legible. If an address is confidential pursuant to Section 119.07(3)(i), Florida Statutes, an alternate address must be provided. Florida Statutes require a physical address be given. The provision of a post office box in Block 13 or on an attachment is an affirmation under oath that no other address is available.
- Block 14. A general partner must sign this report.

Mail completed report to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Courier Address: (overnight delivery) Division of Corporations 409 East Gaines St. Tallahassee, FL 32399

Questions?

Phone: (850) 245-6051 Hearing/Voice Impaired may call (850) 245-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.