

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAY 10 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000000545

1. Entity Name
LOFT MARINA LLLP



Principal Place of Business
1300 BRICKELL AVENUE
MIAMI, FL 33131

Mailing Address
1300 BRICKELL AVENUE
MIAMI, FL 33131



01232007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1825017

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, JOSE A
150 ALHAMBRA CIRCLE, STE. 1270
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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

DOCUMENT #	M06000002415
NAME	LOFT STYLE GP MB, LLC
STREET ADDRESS	1300 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI, FL 33131
DOCUMENT #	M06000002442
NAME	MARINA WAY GP MB, LLC
STREET ADDRESS	18851 NE 29 AVENUE, SUITE 1011
CITY-ST-ZIP	AVENTURA, FL 33180

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

800102533868
05/15/07--01043--015 **\$500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

04/02/07

(305) 935-5010

STAPLE CHECK HERE