


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

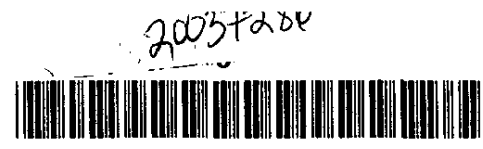
FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90009 015 ****50.00

DOCUMENT # L01000009000	
1. Entity Name THE LOFTS SAN MARCO, LLC	

Principal Place of Business 1450-3 SAN MARCO BLVD. JACKSONVILLE, FL 32207	Mailing Address 1450-3 SAN MARCO BLVD. JACKSONVILLE, FL 32207
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DO NOT WRITE IN THIS SPACE



04052005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3725622	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CESERY, WILLIAM R JR.
1450-3 SAN MARCO BLVD.
JACKSONVILLE, FL 32207

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CESERY, BARBARA H. <i>delete</i>
STREET ADDRESS	1450-3 SAN MARCO BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	MGRM
NAME	SAN MARCO LOFTS MANAGEMENT LLC
STREET ADDRESS	1450-3 SAN MARCO BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *William R Cesery Jr* *4/6/05* *SDA 396 9601*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #