2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# L02000001113

Entity Name: LOFTS OF AVENTURA, LLC

Current Principal Place of Business:

20801 BISCAYNE BLVD., SUITE 506
AVENTURA, FL 33180

New Principal Place of Business:

18901 NE 29TH AVE.,
SUITE 100
AVENTURA, FL 33180

Current Mailing Address:

20801 BISCAYNE BLVD., SUITE 506
AVENTURA, FL 33180

New Mailing Address:

18901 NE 29TH AVE.,
SUITE 100
AVENTURA, FL 33180

FEI Number: 04-3603381 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DADE COUNTY CORPORATE AGENTS, INC.
20801 BISCAYNE BLVD., SUITE 506
AVENTURA, FL 33180

Name and Address of New Registered Agent:

DADE COUNTY CORPORATE AGENTS, INC.
18901 NE 29TH AVE.,
SUITE 100
AVENTURA, FL 33180

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: JEFFREY M. PERLOW 04/30/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: WATERLOFTS LLC,
Address: 2999 NE 191ST ST., #803
City-St-Zip: AVENTURA, FL 33180

Title: MGR ( ) Delete
Name: ODESSA DEVELOPMENT,, INC.
Address: 347 N.W. 45 AVE.
City-St-Zip: DEERFIELD BEACH, FL 33443

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: WATERLOFTS LLC MGR 04/30/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date