



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L02000001113 1. Entity Name LOFTS OF AVENTURA, LLC						FILED 06 APR 11 PM 3:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 18851 NE 29TH AVE. SUITE 1011 AVENTURA, FL 33180				Mailing Address 18851 NE 29TH AVE. SUITE 1011 AVENTURA, FL 33180			
2. Principal Place of Business		3. Mailing Address		01232006 Chg-LLC CR2E083 (11/05)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 04-3603381		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DADE COUNTY CORPORATE AGENTS, INC. 18901 NE 29TH AVE., SUITE 100 AVENTURA, FL 33180				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WATERLOFTS LLC 2999 NE 191ST ST., #803 AVENTURA, FL 33180 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18851 NE 29th AVENUE, SUITE 1011 AVENTURA, FL 33180		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ODESSA DEVELOPMENT, INC. 347 N.W. 45 AVE. DEERFIELD BEACH, FL 33443 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800072750608 04/28/06--01035--001 <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date: 03/09/06 (302) 935-5200			