
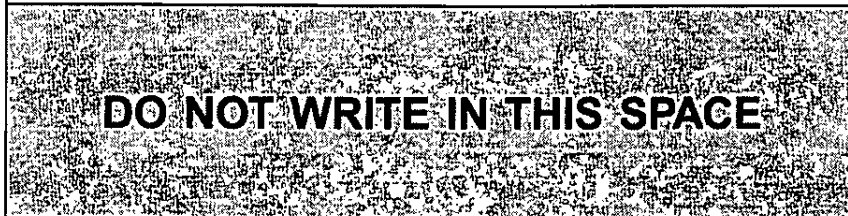


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

41C
FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000001113 1. Entity Name LOFTS OF AVENTURA, LLC	
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Principal Place of Business 18851 NE 29TH AVE. SUITE 1011 AVENTURA, FL 33180	Mailing Address 18851 NE 29TH AVE. SUITE 1011 AVENTURA, FL 33180
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03042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 04-3603381	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent DADE COUNTY CORPORATE AGENTS, INC. 18901 NE 29TH AVE., SUITE 100 AVENTURA, FL 33180	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature: typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	U000000938982 05/28/08-80009-012 138.75
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9. MANAGING MEMBERS/MANAGERS		
TITLE	MGR	DO NOT WRITE IN THIS SPACE
NAME	WATERLOFTS LLC	
STREET ADDRESS	18851 NE 29TH AVE., SUITE 1011	
CITY- ST- ZIP	AVENTURA, FL 33180	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date 04/30/08	Daytime Phone # (305) 935-5400