

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013565

FILED
Apr 07, 2005
Secretary of State

Entity Name: WYNWOOD LOFTS, LLC

Current Principal Place of Business:

167 NW 25 STREET
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD., SUITE 1100
CORAL GABLES, FL 33134

New Mailing Address:

167 NE 25 STREET
MIAMI, FL 33127

FEI Number: 01-0708115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORWITZ, SANFORD B
2121 PONCE DE LEON BLVD., SUITE 1100
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GOLDSTEIN, MICHAEL B
Address: 2121 PONCE DE LEON BLVD., SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: HORWITZ, SANFORD B
Address: 2121 PONCE DE LEON BLVD., SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: LOMBARDI, DAVID L
Address: 167 NW 25TH STREET
City-St-Zip: MIAMI, FL 33127

Title: MGRM (X) Delete
Name: GLASER, TODD M
Address: 167 NW 25TH STREET
City-St-Zip: MIAMI, FL 33127

Title: MGRM () Delete
Name: MIRANDA, WILLIAM
Address: 5981 S.W. 136TH STREET
City-St-Zip: MIAMI, FL 33156

Title: MGRM () Delete
Name: HORWITZ, STEPHEN
Address: 2999 N.E. 191ST STREET
City-St-Zip: NORTH MIAMI BEACH, FL

ADDITIONS/CHANGES:

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

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

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

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

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: DAVID LOMBARDI

MGRM

04/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date