

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 22, 2003 8:00 am**  
**Secretary of State**

09-22-2003 90102 035 \*\*\*\*50.00

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**DOCUMENT # L02000017942**

1. Entity Name

**DOWNTOWN LOFTS GROUP, LLC**



Principal Place of Business

**550 FAIRWAY DRIVE  
SUITE 104  
DEERFIELD FL 33442**

Mailing Address

**550 FAIRWAY DRIVE  
SUITE 104  
DEERFIELD FL 33442**

**90157853**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**97-0882301**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SEIFERT, JAMES A  
550 FAIRWAY DRIVE  
SUITE 104  
DEERFIELD FL 33442**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **SEIFERT, JAMES A**  
STREET ADDRESS **550 FAIRWAY DRIVE, SUITE 104**  
CITY-ST-ZIP **DEERFIELD FL 33442**

TITLE **MGR** ☐ Delete  
NAME **BRENNER, TODD**  
STREET ADDRESS **7077 NW 3RD AVENUE**  
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **MGR** ☐ Delete  
NAME **LEVIGNE, LEON**  
STREET ADDRESS **4699 NW 7TH PLACE**  
CITY-ST-ZIP **DEERFIELD FL 33442**

TITLE **MGR** ☐ Delete  
NAME **JEAN CLAUDE, CANTIN**  
STREET ADDRESS **500 SE 6TH TERRACE**  
CITY-ST-ZIP **POMPANO FL 33062**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**9/17/03 561-255-4398**

Date

Daytime Phone #

CR2E083 (4/03)