

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90023 037 \*\*\*\*50.00

**DOCUMENT # L02000026788**

1. Entity Name  
**THE LOFTS AT LINX, LLC**



Principal Place of Business  
**308 CONTINENTAL PLAZA  
3250 MARY STREET  
COCONUT GROVE, FL 33133**

Mailing Address  
**308 CONTINENTAL PLAZA  
3250 MARY STREET  
COCONUT GROVE, FL 33133**

2. Principal Place of Business  
**501 CONTINENTAL PLAZA**

3. Mailing Address  
**501 CONTINENTAL PLAZA**

Suite, Apt. #, etc.  
**3250 MARY STREET**

Suite, Apt. #, etc.  
**3250 MARY STREET**

City & State  
**COCONUT GROVE, FL**

City & State  
**COCONUT GROVE, FL**

Zip  
**33133**

Country  
**USA**

Zip  
**33133**

Country  
**USA**

03232004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**52-2382433**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CRONIG, STEVEN C  
308 CONTINENTAL PLAZA  
3250 MARY STREET  
COCONUT GROVE, FL 33133**

**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

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BERMAN, DANA  
3250 MARY STREET, STE #501  
COCONUT GROVE, FL 33133** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SIMS, SHELLIE  
3250 MARY STREET, STE #501  
COCONUT GROVE, FL 33133** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**10. ADDITIONS/CHANGES**

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

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

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

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

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

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

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

Date

Daytime Phone #