## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

## FILED Apr 28, 2005 8:00 am Secretary of State

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DOCUMENT # L02000026788  1. Entity Name THE LOFTS AT LINX, LLC					Secretary of State 04-28-2005 90032 042 ****50.00				
Principal Place	o of Rusinopo	Mailing Address							
Principal Plac		Mailing Address			1	7	, .		
501 CONTINENTAL RD. COCONUT GROVE, FL 33133		501 CONTINENTAL RD. COCONUT GROVE, FL 33133							
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2. Principal P	Place of Business	3. Mailing Address							
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Suite, Apt.		Suite, Apt. #, etc.	<u> </u>	C// P	04400005		0505		
3250	MARY STRAT	3250 MARCY	STRUET		04192005	Chg-LLC	CH2E	83 (10/03)	
City & Stat	e	City & State			4. FEI Numb	er		Ar	plied For
cocon	VUT GRUING FL	COCONUT 4	KUVE	FL_	52-238	2433		No	t Applicable
Zip	Country	Zip	Country '		5 Certificate	of Status Desired		\$5.00 Add	ditional
331	33	33133			5. Certificate	———		Fee Require	d
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New R	egistered	Agent	
	<u></u>	<del></del>	_ Name			_	_	_	
	STEVEN C		Street	Addrose /	P.O. Boy Numb	er is Not Acceptable	`		
	INENTAL PLAZA		Sileet	Add 655 (	F.O. BOX NUMBO	er is Not Acceptable	,		
	Y STREET T GROVE, FL 33133								
COCOMO	1 GROVE, FE 33133				-				
			City				FL	Zip Cod	8
8. The above	named entity submits this statement for	the purpose of changing its re	oistered office	or register	ed agent, or bo	th. in the State of Flo	rida. Lam	familiar with.	and accept
	tions of registered agent.	or perpose of an arraying re-	gioto, da dilida	o. 10 g. 1111	es ago, a, or se	,			
SIGNATURE .	Signature, typed or printed name of registered agent as	nd title il applicable. (NOTE: F	legistered Agent sign	ature required	when reinstating)		DATE		
		T							
	iling Fee is \$50.00 ue by May 1, 2005							ayable to ent of Stat	8
		IS/MANAGERS	10.				Departm	ent of State	e 
D	ue by May 1, 2005	IS/MANAGERS	10.			Florida	Departm	ent of State	e Addition
9	ue by May 1, 2005  MANAGING MEMBER					Florida	Departm	ent of State	
9.	MANAGING MEMBER		TITLE			Florida	Departm	ent of State	
9. TITLE NAME	MANAGING MEMBER MGR BERMAN, DANA		TITLE NAME			Florida	Departm	ent of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR BERMAN, DANA 3250 MARY STREET, STE #501		TITLE NAME STREET ADDRESS			Florida	Departm	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR BERMAN, DANA 3250 MARY STREET, STE #501 COCONUT GROVE, FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Florida	Departm	Change	Addition
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Daytime Phone #