2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 19, 2004 8:00 am Secretary of State

					Secretary or State				
DOCUMENT # L02000029114 1. Entity Name LAS OLAS LOFTS, LLC			(02-19-2004 90161 007 ****50.00				
Principal Place	of Business	Mailing Address			Ī				
700 SOUTH FEDERAL HWY., STE. 200 BOCA RATON, FL 33432 4675 ANGLERS AVE FORT LAUDERDALE, FL			33312		 	Faira indik basil bahil bah		1 ELEKL 11841 819 1	IOLON ISTI
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072004	Chg-LLC	CR2E08	3 (10/03)		
City & State		City & State		4. FEI Numbe 20-07			<u> </u>	olied For Applicable	
Zip	Country Zip		Country	у	5. Certificate of Status Desired S5.00 Additional Fee Required				
	_ 6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered Ag	gent. 👡 🚤	
			.	Name					Į
GARELLEK, STEVEN 700 SOUTH FEDERAL HWY., STE. 200 BOCA RATON, FL 33432				Street Address (P.O. Box Number is Not Acceptable)					
			-	City				Zip Code	
			1	City			FL	Zip Code	
8. The above the obligat	named entity submits this statement fo lons of registered agent.	the purpose of changing its	registered	d office or register	red agent, or bot	h, in the State of Fl	iorida. I am fa	miliar with, a	ind accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered /	Agent signature required	d when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2004					J		ke check pa la Departme		
9.	MANAGING MEMBE	L RS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE	MGR	☐ Delete	TITLE	'.				☐ Change	Addition
NAME	DEJOHN, GREGORY C		NAME						
STREET ADDRESS	4675 ANGLERS AVENUE								_
CITY-ST-ZIP				T ADDRESS					_
	FORT LAUDERDALE, FL 33312		STREET CITY-S	T ADDRESS					_
TITLE	FORT LAUDERDALE, FL 33312	☐ Delete		T ADDRESS				☐ Change	☐ Addition
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I nereby certify that the information supplied with this little does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the informatic 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 receives 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