2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 19, 2004 08:00 AM Secretary of State DOCUMENT # L02000030094 1. Entity Name CITILOFTS OR YBOR, L.L.C. Principal Place of Business Mailing Address 1313 GRAY STREET TAMPA FL 33606 1313 GRAY STREET TAMPA FL 33606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. MOORE CR2E083 (11/03) 4. FEI Number Applied For City & State City & State 45-0492503 Not Applicable Zip Country Zıp Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COHEN, HARRY Street Address (P.O. Box Number is Not Acceptable) 1313 GRAY STREET TAMPA FL 33606 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE Fleg stered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Change ☐ Addition TITLE Delete NAME COHEN, HARRY NAME U00000057345 STREET ADDRESS 1313 GRAY STREET STREET ADDRESS 02/19/04-80057-017 50.00 CITY - ST - ZIP CITY-ST-ZIP TAMPA FL 33606 TITLE MGRM ☐ Delete TITLE Change ☐ Addition NAME COHEN, HALEY STREET ADDRESS 1313 GRAY STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606 Delete Change ☐ Addition TITLE TITLE NAME NAME CHRISTEN, MARISSA STREET ADDRESS STREET ADDRESS 1313 GRAY STREET CITY-ST-ZIP CITY-ST-ZIF TAMPA FL 33606 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this report is true as a specurate and that my supplier 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 visit serior trustee empowers, to execute this report as required by Chapter 608, Florida Statutes.

FILED

SIGNATURE: HARRY COHEN 2.7.04 813-254.6688
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Desprise Phone &