

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-06-2005 90028 018 \*\*\*\*55.00


L03000004498

**FILED**

05 OCT 19 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*CR 10/19/05*

<b>DOCUMENT # L03000004498</b> 1. Entity Name <b>EASTSIDE LOFTS, LLC</b>					
Principal Place of Business 2000 PONCE DE LEON BLVD., 6TH FLOOR 6 FLOOR CORAL GABLES, FL 33134			Mailing Address 2000 PONCE DE LEON BLVD., 6TH FLOOR 6 FLOOR CORAL GABLES, FL 33134		
2. Principal Place of Business <i>8748 BIRD RD</i> Suite, Apt. #, etc.		3. Mailing Address <i>8748 BIRD RD</i> Suite, Apt. #, etc.			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI FL</b>		4. FFI Number <b>20-0009873</b>	
Zip <b>33165</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CUMMINS, JEFFREY DREW</b> <b>9555 NORTH KENDALL DRIVE, SUITE 202</b> <b>MIAMI, FL 33187</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GUERRA, MARTIN 2000 PONCE DE LEON BLVD, 6 FLOOR CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<i>4/26/05</i> <small>Date Daytime Phone #</small>		