## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT **DOCUMENT # L03000005501** 1. Entity Name



**FILED** Mar 17, 2004 8:00 am Secretary of State

03-17-2004 90278 023 \*\*\*\*50.00

EASTSIDE VILLAGE LOFTS AN	ID TOWNHOMES, LLC
Principal Place of Business	Mailing Address
1401 E BROWARD BLVD., #206 •FT LAUDERDALE, FL 33301	1401 E BROWARD BLVD., #206 FT LAUDERDALE, FL 33301
±	
2. Principal Place of Business	3. Mailing Address

Zip Country	
City & State  Country  S. Certificate of Status Desired  Stood A Fee Required  Fee Required  T. Name and Address of New Registered Agent  Name 3  Name 3  Name 3  Name 4  Name 4  Name 5  Street Address (P.C. Box Number is Not Acceptable)  City  FL  Zip Co  City  FL  Zip Co  City  FL  Zip Co  City  FL  Zip Co  Street Address (P.C. Box Number is Not Acceptable)  Filling Fee is \$5.0.00  Due by May 1, 2004  Filling Fee is \$5.0.00  Due by May 1, 2004  Filling Fee is \$5.0.00  Due by May 1, 2004  Filling Fee is \$5.0.00  Due by May 1, 2006  Filling Fee is \$5.0.00  Filling Fee is \$5.0.00  Due by May 1, 2004  Filling Fee is \$5.0.00  Filling Fee is \$5.0.00  Due by May 1, 2004  Filling Fee is \$5.0.00  Filling Fee is \$5.0.00  Due by May 1, 2004  Filling Fee is \$5.0.00  Filling	l i fi i i i i i i i i i i i i i i i i i
Zip Country Zip Country 5. Certificate of Status Desired   \$5.0.0 A Fee Required 1.	
Steet Address (P.O. Box Number is Not Acceptable)  FILAUDERDALE, FL 33301  Sireet Address of registered agent.  White body agent age	oplied For
6. Name and Address of Current Registered Agent  Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Co  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Co  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Co  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Co  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Co  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Co  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Co  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Co  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Co  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Co  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Co  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Co  Make chieck payable to florida. I am familiar with the obligations of registered agent.  Make chieck payable to florida. I am familiar with the obligations of registered agent.  Note:  Robert Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Co  Make chieck payable to florida. I am familiar with the obligations of registered agent.  Make chieck payable to florida. I am familiar with the obligations of registered agent.  Note:  N	ditional
HENNAN, BRUCE 1401 E BROWARD BLVD., S UITE 206 FT LAUDERDALE, FL 33301  City FL Zip Co 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 will the obligations of registered agent.  SIGNATURE  Filling Fee is \$50.00 Due by May 1, 2004  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  ITILE MGRM HERMAN, BRUCE 1401 E BROWARD BLVD., #206 STREET ADDRESS CITY-51-2P  FTILAUDERDALE, FL 33301  CITY-51-2P  TITLE MME SIREET ADDRESS CITY-51-2P  TITLE MME SIREET ADDRESS CITY-51-2P  Delete  TITLE MME SIREET ADDRESS CITY-51-2P  Delete TITLE MME SIREET ADDRESS CITY-51-2P  Delete TITLE MME SIREET ADDRESS CITY-51-2P  Delete TITLE MME SIREET ADDRESS CITY-51-2P  Delete TITLE MME SIREET ADDRESS CITY-51-2P  Delete TITLE MME SIREET ADDRESS CITY-51-2P  Delete TITLE MME SIREET ADDRESS CITY-51-2P  Delete TITLE MME SIREET ADDRESS CITY-51-2P  Delete TITLE MME SIREET ADDRESS CITY-51-2P  Delete TITLE MME SIREET ADDRESS CITY-51-2P  Delete TITLE MME SIREET ADDRESS CITY-51-2P  Delete TITLE MME SIREET ADDRESS CITY-51-2P  Delete TITLE MME SIREET ADDRESS CITY-51-2P  Delete TITLE MME SIREET ADDRESS CITY-51-2P  CHange	
Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Co  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 the obligations of registered agent.  SIGNATURE  Signature, 'pred or printed name of registered agent and life if applicable.  Filling Fee is \$50.00  Due by May 1, 2004  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  ITILE  MAME  HERMAN, BRUCE  1401 E BROWARD BLVD., #206  FT LAUDERDALE, FL 33301  CITY-ST-ZIP  MAME  MAME  SIREET ADDRESS  CITY-ST-ZIP  MAME  SIREET ADDRESS  CITY-ST-ZIP  Delete  ITILE  MAME  SIREET ADDRESS  CITY-ST-ZIP  Delete  ITILE  MAME  SIREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  MAME  SIREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  MAME  SIREET ADDRESS  CITY-ST-ZIP  Change  MAME  SIREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  MAME  MAME  SIREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  MAME  MAME  SIREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  MAME  MAME  SIREET ADDRESS  CITY-ST-ZIP  Change  Change  Change  TITLE  MAME  Delete  TITLE  MAME  MAME  SIREET ADDRESS  CITY-ST-ZIP  Change	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent.  SIGNATURE    Signature Typed or printed name of registered agent and bitle it applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE	
THE DELET ADDRESS CITY-ST-ZIP  TITLE  SIGNATURE  TITLE  STREET ADDRESS CITY-ST-ZIP  ST	е
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Filing Fee is \$50.00 Due by May 1, 2004  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE MGRM HERMAN, BRUCE STREET ADDRESS CITY-ST-ZIP TITLE NAME  Delete TITLE NAME  CHANGE	
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TITLE	☐ 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.

Bruce Herman

3/11/04

(954) 462-7806

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