## 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

SEUKCIÁRY OF STATE VISION TO CORPORATIONS **DOCUMENT # L03000012948** 1. Entity Name CITILOFTS ON FIFTH, LLC 05 AUG 11 AM 8: 16 Principal Place of Business Mailing Address 1313 GRAY STREET 1313 GRAY STREET TAMPA, FL 33606 TAMPA, FL 33606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08022005 Chg-LLC CR2E083 (10/03) City & State 4. FEI Number Applied For City & State 20-0895004 Not Applicable Zip Country Zip 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, GARY 1313 GRAY STREET Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33606 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Amended AR is \$50.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MEMBER Addition MGRM TITLE TITLE ☐ Delete ANDREW COHEN COHEN, GARY NAME NAME 1313 GRAY STREET STREET ADDRESS 1313 GRAY STREET STREET ADDRESS TAMPA, FL 33606 TAMPA, FL 33606 CITY-ST-ZIP CITY-ST-ZIP Addition MGR Delete TITLE COHEN, COHEN NAME STREET ADDRESS STREET ADDRESS 1313 GRAY STREET CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33606 Addition 🔀 Delete TITLE TITLE COHEN, ALEXANDER NAME NAME 000058886810 STREET ADDRESS STREET ADDRESS 1313 GRAY STREET 08/23/05--01041--016 \*\*50,00 CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33606 ☐ Change Addition MGR Delete TITLE TITLE NAME COHEN, ADAM NAME STREET ADDRESS 1313 GRAY STREET STREET ADDRESS TAMPA, FL 33606 CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 11. I hereby certify that the information supplied with this filling 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.

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

8.4.05

813-220-0808