

# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG 11 AM 8:16

<b>DOCUMENT # L03000012948</b>					
<b>1. Entity Name</b> CITILOFTS ON FIFTH, LLC					
<b>Principal Place of Business</b> 1313 GRAY STREET TAMPA, FL 33606			<b>Mailing Address</b> 1313 GRAY STREET TAMPA, FL 33606		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 20-0895004	
Zip		Country		Zip	
Country		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  COHEN, GARY 1313 GRAY STREET TAMPA, FL 33606			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
COHEN, GARY 1313 GRAY STREET TAMPA, FL 33606			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Amended AR is \$50.00</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	MGRM COHEN, GARY 1313 GRAY STREET TAMPA, FL 33606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER Andrew COHEN 1313 GRAY STREET TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COHEN, COHEN 1313 GRAY STREET TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COHEN, ALEXANDER 1313 GRAY STREET TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COHEN, ADAM 1313 GRAY STREET TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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>					
<b>SIGNATURE:</b> _____				Date _____ Daytime Phone # _____	