

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028061

Entity Name: MUSTANG LOFTS, LLC

FILED  
Jul 13, 2004  
Secretary of State

**Current Principal Place of Business:**

326 E. HALLANDALE BEACH BLVD.  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

326 E. HALLANDALE BEACH BLVD.  
HALLANDALE, FL 33009

**New Mailing Address:**

FEI Number: 20-1353814

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DADE COUNTY CORPORATE AGENTS, INC.  
20801 BISCAYNE BLVD., SUITE 505  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

CHURBA, AARON  
326 E. HALLANDALE BEACH BLVD.  
HALLANDALE, FL 33309 US

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.

SIGNATURE: AARON CHURBA

07/13/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: DAIAGI, MIKE  
Address: 326 E. HALLANDALE BEACH BLVD.  
City-St-Zip: HALLANDALE, FL 33009

Title: MGR ( ) Delete  
Name: CHURBA, AARON  
Address: 326 E. HALLANDALE BEACH BLVD.  
City-St-Zip: HALLANDALE, FL 33009

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MIKE DAIAGI

MGR

07/13/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date