


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90003 003 \*\*\*\*55.00

<b>DOCUMENT # L04000028073</b> 1. Entity Name <b>HAVANA LOFTS, L.L.C.</b>					
Principal Place of Business <b>5500 COLLINS AVENUE</b> <b>MIAMI BEACH, FL 33140 US</b>			Mailing Address <b>5500 COLLINS AVENUE</b> <b>MIAMI BEACH, FL 33140 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01162006 Chg-LLC CR2E083 (11/05)	
4. FEI Number <b>20-1020098</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required				6. Name and Address of Current Registered Agent <b>MARTINCAK, DANIEL</b> <b>5500 COLLINS AVENUE</b> <b>MIAMI BEACH, FL 33140</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City				FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINCAK, DANIEL J 5500 COLLINS AVENUE MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIMRAN, EMILE 5500 COLLINS AVENUE MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAPELL, JEFFREY 5500 COLLINS AVENUE MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREEN, GEORGE 5500 COLLINS AVENUE MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. MGR GREEN, GEORGE 5500 COLLINS AVE MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREEN, GEORGE 5500 COLLINS AVENUE MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREEN, GEORGE 5500 COLLINS AVENUE MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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> <i>George Green</i> <b>3/1/06</b> <b>305-867-6572</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					