



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90538 018 \*\*\*\*50.00

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|---|--|--|--|---|--|
| <b>DOCUMENT # L04000030527</b><br>1. Entity Name<br><b>LOFTS OASIS OF GAINESVILLE, LLC</b>  |  |  |  |    |  |
| Principal Place of Business<br><b>5100 HOLLYWOOD BLVD.<br/>HOLLYWOOD, FL 33021</b>  |  |  | Mailing Address<br><b>5100 HOLLYWOOD BLVD.<br/>HOLLYWOOD, FL 33021</b> |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |   |  |
| City & State  |  | City & State   |  |   |  |
| Zip   | Country  | Zip  | Country  | 4. FEI Number<br><b>201373405</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>FILINGS, INC.<br/>3732 N.W. 16TH STREET<br/>FT. LAUDERDALE, FL 33311-4132</b>   |  |  |  | 7. Name and Address of New Registered Agent<br>Name<br><b>Steven P. Fischer</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>300 South Pine Island Road - Ste. 110</b><br>City<br><b>Plantation</b> <b>FL</b> Zip Code<br><b>33324</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.<br>SIGNATURE <b>Steven P. Fischer</b> DATE <b>3/7/05</b><br><small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>   |  |  |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |  | <b>Make check payable to<br/>Florida Department of State</b> |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |  | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>STADLEN, JOSEPH<br/>5100 HOLLYWOOD BLVD.<br/>HOLLYWOOD, FL 33021</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition      |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition      |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition      |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition      |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition      |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> 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. |  |  |  |   |  |
| <b>SIGNATURE:</b>    |  |  | Date <b>3/10/05</b> Daytime Phone # <b>954-989-3345</b>                |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |  |  |   |  |