2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007
Secretary of State

DOCUMENT# L04000044455

Entity Name: LOFT 26, L.L.C.

Current Principal Place of Business:

1329 ALTON ROAD
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1329 ALTON ROAD
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 20-1246682 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHERMAN, THOMAS G ESQ
90 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	LEISER, ANDRES	
Address:	542 WASHINGTON AVENUE	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	MGRM	( ) Delete
Name:	SCATTARREGGIA, PAOLO	
Address:	542 WASHINGTON AVENUE	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	MGRM	( ) Delete
Name:	HARARI, ERIC	
Address:	542 WASHINGTON AVENUE	
City-St-Zip:	MIAMI BEACH, FL 33139	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 Chapter 119, 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: PAOLO SCATTARREGGIA MNGR 04/03/2007

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