


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90036 011 \*\*\*150.00

|   |                                  |                                 |  |  |                                   |
|---|----------------------------------|---------------------------------|--|--|-----------------------------------|
| <b>DOCUMENT # L04000057704</b>  |                                  |                                 |  |         |                                   |
| 1. Entity Name<br>LOFTS AT HARDING, L.L.C.  |                                  |                                 |  |  |                                   |
| Principal Place of Business<br>1666 KENNEDY CAUSEWAY, SUITE 706<br>NORTH BAY VILLAGE, FL 33141  |                                  |                                 | Mailing Address<br>1666 KENNEDY CAUSEWAY, SUITE 706<br>NORTH BAY VILLAGE, FL 33141 |  |                                   |
| 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 <b>47-0945728</b>  |                                   |
|   |                                  |                                 |  | Applied For<br><input type="checkbox"/> Not Applicable                                   |                                   |
|   |                                  |                                 |  | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                                   |
| 6. Name and Address of Current Registered Agent   |                                  |                                 |  | 7. Name and Address of New Registered Agent  |                                   |
| MIR: HECTOR J<br>2655 LE JEUNE ROAD, SUITE 1107<br>CORAL GABLES, FL 33134   |                                  |                                 |  | 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 renewing) DATE _____  |                                  |                                 |  |  |                                   |
| Filing Fee is \$50.00<br>Due by May 1, 2005   |                                  |                                 | Make check payable to<br>Florida Department of State                               |  |                                   |
| 9. MANAGING MEMBERS/MANAGERS  |                                  |                                 | 10. ADDITIONS/CHANGES  |  |                                   |
| TITLE   | MGR                              | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | GAVIRIA, JUAN C                  |                                 | NAME   |  |                                   |
| STREET ADDRESS  | 1666 KENNEDY CAUSEWAY, SUITE 706 |                                 | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   | NORTH BAY VILLAGE, FL 33141      |                                 | CITY-ST-ZIP  |  |                                   |
| TITLE   | P                                | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | GAVIRIA, JUAN C                  |                                 | NAME   |  |                                   |
| STREET ADDRESS  | 1666 KENNEDY CAUSEWAY, SUITE 706 |                                 | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   | NORTH BAY VILLAGE, FL 33141      |                                 | CITY-ST-ZIP  |  |                                   |
| TITLE   | V                                | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | OSORIO, JULIAN                   |                                 | NAME   |  |                                   |
| STREET ADDRESS  | 1666 KENNEDY CAUSEWAY, SUITE 706 |                                 | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   | NORTH BAY VILLAGE, FL 33141      |                                 | CITY-ST-ZIP  |  |                                   |
| TITLE   | V                                | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | REINA, GUILLERMO                 |                                 | NAME   |  |                                   |
| STREET ADDRESS  | 1666 KENNEDY CAUSEWAY, SUITE 706 |                                 | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   | NORTH BAY VILLAGE, FL 33141      |                                 | CITY-ST-ZIP  |  |                                   |
| TITLE   |                                  | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                                  |                                 | NAME   |  |                                   |
| STREET ADDRESS  |                                  |                                 | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   |                                  |                                 | CITY-ST-ZIP  |  |                                   |
| TITLE   |                                  | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                                  |                                 | NAME   |  |                                   |
| STREET ADDRESS  |                                  |                                 | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   |                                  |                                 | CITY-ST-ZIP  |  |                                   |
| 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. |                                  |                                 |  |  |                                   |
| SIGNATURE: <i>Juan Carlos Gaviria</i>   |                                  |                                 | Date: <i>Juan Carlos Gaviria - 0310705 - 305-864-3816</i>                          |  |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |                                  |                                 | Date   |  |                                   |