

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90072 011 ****50.00

DOCUMENT # L04000057721

1. Entity Name
LOFTS AT ATLANTIC, L.L.C.



Principal Place of Business
**1666 KENNEDY CAUSEWAY, SUITE 706
NORTH BAY VILLAGE, FL 33141**

Mailing Address
**1666 KENNEDY CAUSEWAY, SUITE 706
NORTH BAY VILLAGE, FL 33141**

20005840



01242006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0945724

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MIR, HECTOR J
2655 LE JEUNE ROAD, SUITE 1107
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GAVIRIA, JUAN C
1666 KENNEDY CAUSEWAY, SUITE 706
NORTH BAY VILLAGE, FL 33141**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CARDENAS, LUIS
1666 KENNEDY CAUSEWAY, SUITE 706
NORTH BAY VILLAGE, FL 33141**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

02-02-06

Date

305456401

Daytime Phone #