

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059405

Entity Name: ARTISTS LOFTS, LLC

FILED  
Apr 19, 2006  
Secretary of State

**Current Principal Place of Business:**

167 N.W. 25TH STREET  
MIAMI, FL 33127

**New Principal Place of Business:**

**Current Mailing Address:**

167 N.W. 25TH STREET  
MIAMI, FL 33127

**New Mailing Address:**

FEI Number: 20-1475721

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHWARTZ, JOSEPH L  
C/O MILLER, SCHWARTZ & MILLER, P.A.  
2435 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33020 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: LOMBARDI, DAVID L  
Address: 167 N.W. 25TH STREET  
City-St-Zip: MIAMI, FL 33127

Title: MGRM ( ) Delete  
Name: GOLDSTEIN, MICHAEL B  
Address: 2121 PONCE DE LEON BLVD., SUITE 1100  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: HORWITZ, SANFORD B  
Address: 2121 PONCE DE LEON BLVD., SUITE 1100  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: HORWITZ, STEPHEN  
Address: 2999 N.E. 191 STREET, SUITE 607  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM ( ) Delete  
Name: MIRANDA, WILLIAM  
Address: 5981 S.W. 136 STREET  
City-St-Zip: MIAMI, FL 33156

**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:

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: DAVID LOMBARDI

MGRM

04/19/2006

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