2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059405

Entity Name: ARTISTS LOFTS, LLC

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 20-1475721 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SCHWARTZ, JOSEPH L
C/O MILLER, SCHWARTZ & MILLER, P.A.
2435 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020 US
LOMBARDI, DAVID L
167 NW 25TH STREET
MIAMI, FL 33127 US

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: DAVID LOMBARDI 04/29/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 LOMBARDI, DAVID L
 Name:

 Address:
 167 N.W. 25TH STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33127
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 GOLDSTEIN, MICHAEL B
 Name:

 Address:
 2121 PONCE DE LEON BLVD., SUITE 1100
 Address:

 City-St-Zip:
 CORAL GABLES, FL 33134
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition Name: HORWITZ, SANFORD B Name:

Address: 2121 PONCE DE LEON BLVD., SUITE 1100 Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 HORWITZ, STEPHEN
 Name:

 Address:
 2999 N.E. 191 STREET, SUITE 607
 Address:

 City-St-Zip:
 AVENTURA, FL 33180
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 MIRANDA, WILLIAM
 Name:

 Address:
 5981 S.W. 136 STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33156
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 04/29/2008