2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State
04-20-2005 90035 004 ****50.00

DOCUMENT # L04000073418

1. Entity Name
"SOLO LOFTS", LLC.

Principal Place of Business	Mailing Address
676 WEST PROSPECT ROAD FT. LAUDERDALE, FL 33309	676 WEST PROSPECT ROAD FT. LAUDERDALE, FL 33309

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04052005 Chg-LLC CR2E083 (10/03)

4. FEI Number: 20-1751166 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUGO, PAUL 676 WEST PROSPECT ROAD FT. LAUDERDALE, FL 33309	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: ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MGRM~~ ~~PAUL Hugo~~ ~~1204 BAVIER DRIVE~~ ~~Ft Lauderdale, FL 33304~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PAUL Hugo 1204 BAVIER DRIVE Ft lauderdale, FL 33304 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: ______________________ 4/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #