## 2006 LIMITED LIABILITY COMPANY

DOCUMENT # L05000013860  1. Entity Name LOFTS OF SEABREEZE, LLC								04-26-2			040 ***	~30.00
Principal Place of Business Malling Address  C/O CHARLES WAYNE PROPERTIES C/O CHARLES WAYNE PRO				IFS					- • •	~ U <b>F</b>	70	•
444 SEABREI	EZE BLVD., SUITE 1000 ACH, FL` 32118	444 SEABREEZE BLVD., SUITE 1000 DAYTONA BEACH, FL 32118				t: <b>11</b>	IF <b>I</b> ED <b>J</b> ITI	ADIST CIM BOTH O	<b>i</b> m 3 1)/ 13	III (1869 N	iti i fild bilih bi	11 <b>88</b> 7 NJ (8 <b>3</b> 1
2. Principal Pl	ace of Business	3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apl. #, etc.				01062	006	Chg-LLC		CR2E0	83 (11/05)	
City & State	3	City & State			4. FEI Number 20-23			er 20-2303	985			oplied For ot Applicable
Zip	Country	Zip ,	Coun	try		5. Certi	ficate	of Status Desi	ited		\$5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent		Name		7. Nam	e and	Address of N	lew Regi	stered /	lgent	
LICHTIGM	AN, CHARLES S			Name								
C/O CHAR	LES WAYNE PROPERTIES			Street Ad	ddress (F	P.O. Box N	dumb	er is Not Acce	ptable)			
	REEZË BLVD., SUITE 1000 . BEACH, FL 32118						-					
	02.01.12			City		_		· <u> </u>		FL	Zip Cod	ð
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.	Signature, typed or profed name of regulared agent a	nd site if applicable. (NOTE	: Registere	d Agent eignetu	re required	when remails	rig)			DATE		
Fi	Sgreams, types or project name of inquaries opens illing Fee is \$50.00 us by May 1, 2006	nd ofe if applicable. (NOTE	: Registere	d Agent signatur	re required	when renglit	P70)	FI		heck p	syable to ent of State	
Fi Di	iling Fee is \$50.00 us by May 1, 2006		Registered	d Agent elgnetur	re required	when rengtab	rrg)			heck pr		
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FILED May 12, 2006 8:00 am Secretary of State

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.

CITY-ST-ZIP

- A.O. A.	1	
SIGNATURE: PSYLICIAL	4/24/06	386.238.3600
SIGNATURE AND TYPE OF FRUITED NAME OF BIGMING MANAGING MEMBER MANAGER, OR AUTHORIZE	D REPRESENTATIVE Date	Dayuma Phone 4