

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 12, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90020 040 \*\*\*\*50.00

<b>DOCUMENT # L05000013860</b> 1. Entity Name <b>LOFTS OF SEABREEZE, LLC</b>					
Principal Place of Business <b>C/O CHARLES WAYNE PROPERTIES          444 SEABREEZE BLVD., SUITE 1000          DAYTONA BEACH, FL 32118</b>			Mailing Address <b>C/O CHARLES WAYNE PROPERTIES          444 SEABREEZE BLVD., SUITE 1000          DAYTONA BEACH, FL 32118</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01062006    Chg-LLC    CR2E083 (11/05)	
4. FEI Number <div style="border: 1px solid black; padding: 2px; text-align: center;">20-2303985</div>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent <b>LICHTIGMAN, CHARLES S          C/O CHARLES WAYNE PROPERTIES          444 SEABREEZE BLVD., SUITE 1000          DAYTONA BEACH, FL 32118</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL    Zip Code</div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>	
<b>Filing Fee is \$60.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MM Lichtigman, Charles 444 Seabreeze Blvd., Ste 1000 Daytona Beach, FL 32118</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing Member</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MM Konchan, Suzanne 444 Seabreeze Blvd. Ste 1000 Daytona Beach, FL 32118</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing Member</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MM Konchan, David 444 Seabreeze Blvd., STE 1000 Daytona Beach, FL 32118</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing Member</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b>				Date: <b>4/24/06</b> Deletion Phone #: <b>3F6-238-3600</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					