

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000013860

1. Entity Name
LOFTS OF SEABREEZE, LLC



Principal Place of Business

**C/O CHARLES WAYNE PROPERTIES
444 SEABREEZE BLVD., SUITE 1000
DAYTONA BEACH, FL 32118**

Mailing Address

**C/O CHARLES WAYNE PROPERTIES
444 SEABREEZE BLVD., SUITE 1000
DAYTONA BEACH, FL 32118**



01182007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2303985

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LICHTIGMAN, CHARLES S
C/O CHARLES WAYNE PROPERTIES
444 SEABREEZE BLVD., SUITE 1000
DAYTONA BEACH, FL 32118**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LICHTIGMAN, CHARLES
444 SEABREEZE BLVD., STE 1000
DAYTONA BEACH, FL 32118**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KONCHAN, SUZANNE
444 SEABREEZE BLVD. STE 1000
DAYTONA BEACH, FL 32118**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KONCHAN, DAVID
444 SEABREEZE BLVD., STE 1000
DAYTONA BEACH, FL 32118**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000743370
05/15/07-80105-018 50.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Charles S. Lichtigman 4/25/07 386-238-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #