2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 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

DO NOT WRITE IN THIS SPACE

02212008 No Chg-LLC CR2E083 (12/07)

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

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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

U00000895268
04/24/08-80062-010 138.75

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	LICHTIGMAN, CHARLES
STREET ADDRESS	444 SEABREEZE BLVD. , STE 1000
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	MGRM
NAME	KONCHAN, SUZANNE
STREET ADDRESS	444 SEABREEZE BLVD. STE 1000
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	MGRM
NAME	KONCHAN, DAVID
STREET ADDRESS	444 SEABREEZE BLVD. , STE 1000
CITY-ST-ZIP	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	

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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: C S Lichtigman 4/7/08 386-238-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #