

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90047 034 ****50.00

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DOCUMENT # L05000017650 1. Entity Name LOFTS AT TATUM, L.L.C.					
Principal Place of Business 2121 PONCE DE LEON BLVD., SUITE 600 CORAL GABLES, FL 33134			Mailing Address 2121 PONCE DE LEON BLVD., SUITE 600 CORAL GABLES, FL 33134		
2. Principal Place of Business 1110 Brickell Avenue Suite, Apt. #, etc. Suite 402 City & State Miami, FL Zip 33131		3. Mailing Address 1110 Brickell Avenue Suite, Apt. #, etc. Suite 402 City & State Miami, FL Zip 33131		4. FEI Number 20-2357134 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PORTUONDO, FERNANDO J ESQ. FERNANDO J. PORTUONDO, P.A. 2121 PONCE DE LEON BLVD., SUITE 600 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Reina, Guillermo Street Address (P.O. Box Number is Not Acceptable) 1110 Brickell Avenue Suite 402 City Miami	
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REINA, GUILLERMO 610 HARBOR CIRCLE KEY BISCAVNE, FL 33149	PAID 4/12/06 #1223 Tatum		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RESTREPO, MONICA 610 HARBOR CIRCLE KEY BISCAVNE, FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REINA, NANCY 251 CRANDON BOULEVARD, APT. 705 KEY BISCAVNE, FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM Reina, Nancy 330 Ridgwood Rd Key Biscayne, FL 33149		<input checked="" 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.					
SIGNATURE: X <i>[Signature]</i> 4/12/06 305-3712676 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					