


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # L05000017650	
1. Entity Name LOFTS AT TATUM, L.L.C.	
	
Principal Place of Business 1110 BRICKELL AVE STE 402 MIAMI, FL 33131	Mailing Address 1110 BRICKELL AVE STE 402 MIAMI, FL 33131



02292008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2357134	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GUILLERMO, REINA
1110 BRICKELL AVE, STE 402
MIAMI, FL 33131

**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 reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	REINA, GUILLERMO
STREET ADDRESS	610 HARBOR CIRCLE
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	MGRM
NAME	RESTREPO, MONICA
STREET ADDRESS	610 HARBOR CIRCLE
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	MGRM
NAME	REINA, NANCY
STREET ADDRESS	330 RIDGWOOD RD
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000844592
03/13/08-80005-008 138.75

**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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone

Nancy Reina 2/29/08 305-3717676
ext 14