2007 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED Apr 13, 2007 8:00 am Secretary of State

DOCUMENT # L05000033398 1. Entity Name EASTSIDE VILLAGE LOFTS, LLC							04-13-2007 90	036 019 '	****55.(00
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Principal Place of Business Mailing Address							•			
1401 E. BROWARD BLVD., #206 FT. LAUDERDALE, FL 33301 1401 E. BROWARD BLVD., #206 FT. LAUDERDALE, FL 33301										
2. Principal Place of Business. No P.O. Box #		3. Mailing Address 1500 W Cypilss Creck Rd								
Suite, Apt. #, etc. 409		Suite, Apt. #, etc. 40.4		03232007	Chg-LLC	CR2E083	3 (12/06)			
City & State For Landerdale, Fr		Fort Cauderdale A		4. FEI Number Applied For 20-2687590 Not Applicable						
Zip 3-53	Country	' 5	Zip 33309	Country			e of Status Desired		5.00 Add	
	6. Name and Addr	ress of Current F	Registered Agent		_	7. Name and	d Address of New Re	gistered Ag	ent	
HERMAN, BRUCE					off Brenner					
1401 E. BROWARD BLVD., #206 FT. LAUDERDALE, FL 33301					reet Addres	s Cyfriss	per is Not Acceptable;	# 40	9	
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10/7									רטפיכיו	
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 employed agent.								miliar with,	and accept	
SIGNATURE										
	Signature, typed or printed nan	ne of registered agent as	nd title if applicable. (NOTI	E: Registered Ager	nt signature requi	ired when reinstating)		DATE		
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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.

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #