

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-13-2007 90036 019 \*\*\*\*55.00

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03232007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L05000033398</b> 1. Entity Name <b>EASTSIDE VILLAGE LOFTS, LLC</b>					
Principal Place of Business <b>1401 E. BROWARD BLVD., #206 FT. LAUDERDALE, FL 33301</b>			Mailing Address <b>1401 E. BROWARD BLVD., #206 FT. LAUDERDALE, FL 33301</b>		
2. Principal Place of Business, No P.O. Box # <b>1500 W Cypress Creek Rd</b> Suite, Apt. #, etc. <b>409</b>		3. Mailing Address <b>1500 W Cypress Creek Rd</b> Suite, Apt. #, etc. <b>409</b>			
City & State <b>Fort Lauderdale, FL</b> Zip <b>33309</b>		City & State <b>Fort Lauderdale, FL</b> Zip <b>33309</b>		4. FEI Number <b>20-2687590</b>	
Country <b>US</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HERMAN, BRUCE 1401 E. BROWARD BLVD., #206 FT. LAUDERDALE, FL 33301</b>				7. Name and Address of New Registered Agent Name <b>Scott Brenner</b> Street Address (P.O. Box Number is Not Acceptable) <b>1500 W Cypress Creek Rd #409</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33309</b>	
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HERMAN, BRUCE 1401 E. BROWARD BLVD #206 FORT LAUDERDALE, FL 33301</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DIXIE MM, LLC 1500 W Cypress Creek Rd #409 Fort Lauderdale, FL 33309</b>	<input type="checkbox"/> Change <input checked="" 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
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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:			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <b>Scott Brenner</b>		
			Date <b>4-3-07</b> Daytime Phone # <b>954-596-5555</b>		