


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90111 007 ****50.00

DOCUMENT # L05000073159					
1. Entity Name LOFTUS DEVELOPMENT COMPANY, L.L.C.					
Principal Place of Business 15 LAFAYETTE COURT, 6C GREENWICH, CT 06830			Mailing Address 15 LAFAYETTE COURT, 6C GREENWICH, CT 06830		
2. Principal Place of Business <i>SAME</i>		3. Mailing Address <i>SAME</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CRARY, LAWRENCE E III 555 COLORADO AVENUE STUART, FL 34994			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;">FLZip Code</div>		
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 _____					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Manager William F. Loftus 15 Lafayette Ct., 6C Greenwich, CT 06830</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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07312006 Chg-LLC CR2E083 (11/05)

4. FEI Number *203243527* Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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: *W F Loftus* *7/31/06* *203.863.9005*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #