

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90162 036 \*\*\*138.75

**DOCUMENT # L05000076972**

1. Entity Name  
**THE LOFTS ON MAIN, LLC**



Principal Place of Business  
**1450-3 SAN MARCO BOULEVARD  
JACKSONVILLE, FL 32207**

Mailing Address  
**1450-3 SAN MARCO BOULEVARD  
JACKSONVILLE, FL 32207**

**00003865**



03262008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3303444**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BRANT, ABRAHAM, REITER, MCCORMICK & GREENE  
50 NORTH LAURA STREET, SUITE 2750  
JACKSONVILLE, FL 32202**

**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           | CESERY, JR., WILLIAM R                                  |
| STREET ADDRESS | 1450-3 SAN MARCO BLVD.                                  |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32207                                  |
| TITLE          | MGRM  |
| NAME           | CESERY, BARBARA H <i>Barbara H. Cesery Living Trust</i> |
| STREET ADDRESS | 1450-3 SAN MARCO BLVD. <i>W/A/D 12/21/95</i>            |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32207                                  |
| TITLE          |   |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          |   |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          |   |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

**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 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, OR AUTHORIZED REPRESENTATIVE

*4/2/08*

Date

*904 326-9601*

Daytime Phone #