2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 03, 2006 8:00 am
Secretary of State
02-09-2006 90148 011 ****50.00

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02012006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000084569

1. Entity Name
MACDILL LOFTS, LLC

Principal Place of Business	Mailing Address
3324 S. MACDILL AVENUE TAMPA, FL 33629	3324 S. ~~MACDILL~~ AVENUE ~~TAMPA~~, FL 33629

2. Principal Place of Business		3. Mailing Address	
310 Orleans Ave S.		100 2nd Ave. S.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #904	
City & State Tampa		City & State St. Petersburg, FL	
Zip FL	Country 33606	Zip 33701-4337	Country USA.

4. FEI Number 50-4583481 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHRISTOPHER, BRIAN H
3324 S. MACDILL AVENUE
TAMPA, FL 33629

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
310 Orleana Ave S.

City Tampa FL Zip Code 33606

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 acc... 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

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Brian H Christopher 310 Orleans Ave S. Tampa, FL 33606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Pauline Y Christopher 310 Orleans Ave S Tampa, FL 33606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad

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] Feb 6/06