

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109223

Entity Name: VERTICAL LOFTS, L.L.C.

FILED
Apr 18, 2007
Secretary of State

Current Principal Place of Business:

TURNBERRY PLAZA, SUITE 901A
2875 N.E. 191ST STREET
AVENTURA, FL 33180

New Principal Place of Business:

2875 N.E. 191ST STREET
TURNBERRY PLAZA, SUITE 901A
AVENTURA, FL 33180

Current Mailing Address:

TURNBERRY PLAZA, SUITE 901A
2875 N.E. 191ST STREET
AVENTURA, FL 33180

New Mailing Address:

2875 N.E. 191ST STREET
TURNBERRY PLAZA, SUITE 901A
AVENTURA, FL 33180

FEI Number: 20-3778525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SERBER, DANIEL J ESQ
TURNBERRY PLAZA, SUITE 801
2875 N.E. 191ST STREET
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

SERBER, DANIEL J ESQ
2875 N.E. 191ST STREET
TURNBERRY PLAZA, SUITE 901A
AVENTURA, FL 33180 US

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.

SIGNATURE:

04/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CITYCONCEPTS V.L., L., .L.C.
Address: TURNBERRY PLAZA, SUITE 901A
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CITYCONCEPTS V.L., L., .L.C.
Address: 2875 N.E. 191ST STREET
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PABLO SMULEVICH

MM

04/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date