2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048821

City-St-Zip: COCONUT GROVE, FL 33133

Entity Name: 6420 LOFTS, LLC

FILED Mar 29, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	TION AVENU	E		
SUITE 2A COCONUT GROVE, FL 33133				
Current Mailing Address:			New Mailing Address:	
	_		-	
3006 AVIA SUITE 2A	TION AVENU	E		
	T GROVE, FL	33133		
FEI Number	: 20-5662654	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	l Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
3006 AVIA SUITE 2A	CORPORATE TION AVENU T GROVE, FL			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both
SIGNATUI	RE:			
	Electro	nic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MARTINEZ, ÈL 3006 AVIATIOI) Delete JGENIO N AVENUE, SUITE 2A OVE, FL 33133	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	GAVARRETE, 3006 AVIATION) Delete FERNANDO N AVENUE, SUITE 2A OVE, FL 33133	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	RODRIGUEZ, 3006 AVIATION) Delete OROSMAN N AVENUE, SUITE 2A OVE, FL 33133	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	GAVARRETE, 3006 AVIATION) Delete LUIS N AVENUE, SUITE 2A OVE, FL 33133	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	SEQUEIRA, R) Delete DBERTO NAVENLIF, SLIITE 2A	Title: Name: Address:	() Change () Addition

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.

City-St-Zip:

SIGNATURE: FERNANDO GAVARRETTE MGRM 03/29/2007