


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000014302</b> 1. Entity Name 203 SOUTH OCEAN BOULEVARD L.L.C.	
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<b>Principal Place of Business</b> 2000 SOUTH OCEAN BOULEVARD MANALAPAN, FL 33462	<b>Mailing Address</b> 2000 SOUTH OCEAN BOULEVARD MANALAPAN, FL 33462
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**DO NOT WRITE IN THIS SPACE**



01062005No Chg-LLC CR2E083 (10/03)

4. FEI Number 58-2609594	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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

DAHLMEIER, MARK H  
505 SOUTH FLAGLER DR., STE. 1100  
WEST PALM BEACH, FL 33401

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2005**

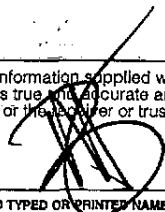
**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZIFF, NATASHA B 153 EAST 53RD ST., 43RD FLOOR NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RATHBUN, DAVID 2000 SOUTH OCEAN BOULEVARD MANALAPAN, FL 33462
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/20/05-80042-013-50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true, 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 partner 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 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_