

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 10, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000005832****1. Entity Name**
MRA MIDDLE RIVER WATERFRONT APARTMENTS LLC

Principal Place of Business 301 EAST LAS OLAS BLVD., STE 210 FORT LAUDERDALE FL 33301	Mailing Address 301 EAST LAS OLAS BLVD., STE 210 FORT LAUDERDALE FL 33301
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2. Principal Place of Business 900 SE THIRD AVE., STE 201	3. Mailing Address 900 SE THIRD AVE., STE 201
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Suite, Apt. #, etc. ATTN: KEVIN M. COFFEY	Suite, Apt. #, etc. ATTN: KEVIN M. COFFEY
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City & State FORT LAUDERDALE FL	City & State FORT LAUDERDALE FL
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Zip 33316	Country	Zip 33316	Country
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4. FEI Number 65-0999388	Applied For <input type="checkbox"/> Additional Fee Required <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCOFFEY KEVIN M
301 EAST LAS OLAS BLVD., STE 210

FORT LAUDERDALE FL 33301 US**7. Name and Address of New Registered Agent**Name
COFFEY KEVIN M
Street Address (P.O. Box Number is Not Acceptable)
900 SE THIRD AVE., STE 201

City
FORT LAUDERDALE FL Zip Code
33316**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.****SIGNATURE KEVIN M. COFFEY****04/10/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**9. MANAGING MEMBERS / MEMBERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVANS WILLIAM D 10 RED BIRCH LITTLETON CO 80217 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALSH JOHN F 425 BAY STREET SANTA MONICA CA 90405 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COFFEY KEVIN M 900 SE THIRD AVE., STE 201 FORT LAUDERDALE FL 33316 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: KEVIN M COFFEY****MGRM 04/10/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)