

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000005832

FILED
Mar 20, 2002 8:00 AM
Secretary of State

Entity Name: MRA MIDDLE RIVER WATERFRONT APARTMENTS LLC

Current Principal Place of Business:

900 SE THIRD AVE., STE 201
ATTN: KEVIN M. COFFEY
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

900 SE THIRD AVE., STE 201
ATTN: KEVIN M. COFFEY
FORT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 65-0999388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COFFEY, KEVIN M
900 SE THIRD AVE., STE 201
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: COFFEY, KEVIN M
Address: 900 SE THIRD AVE., STE 201
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGRM () Delete
Name: WALSH, JOHN F
Address: 425 BAY STREET
City-St-Zip: SANTA MONICA, CA 90405

Title: MGRM () Delete
Name: EVANS, WILLIAM D
Address: 10 RED BIRCH
City-St-Zip: LITTLETON, CO 80217

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KEVIN COFFEY

MGRM

03/20/2002

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