


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90040 025 ****50.00

DOCUMENT # L00000005832	
1. Entity Name MRA MIDDLE RIVER WATERFRONT APARTMENTS LLC	

Principal Place of Business <i>SECOND</i> 1215 900 SE THIRD AVE., STE 201 ATTN: KEVIN M. COFFEY FORT LAUDERDALE, FL 33316	Mailing Address <i>SECOND</i> 1215 900 SE THIRD AVE., STE 201 ATTN: KEVIN M. COFFEY FORT LAUDERDALE, FL 33316
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DO NOT WRITE IN THIS SPACE



02042005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0999388	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent COFFEY, KEVIN M 900 SE THIRD AVE., STE 201 1215 S.E. 2nd Avenue FORT LAUDERDALE, FL 33316 Suite 201	
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**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 Kevin M Coffey 2-22-05
(Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COFFEY, KEVIN M 900 SE THIRD AVE., STE 201 1215 S.E. 2nd Avenue FORT LAUDERDALE, FL 33316 Suite 201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALSH, JOHN F 425 BAY STREET SANTA MONICA, CA 90405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVANS, WILLIAM D 9605 KINGSTON CT #160 ENGLEWOOD, CO 80112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 2-22-05 954 525-9698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #