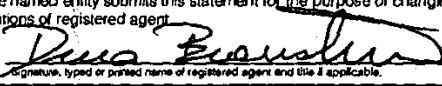
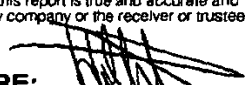


FILED  
May 28, 2004 8:00 am  
Secretary of State

04-30-2004 90094 001 \*\*\*500.00

2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                       |                                 |                                                                            |                                                                                                                                                                    |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L01000012981</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                 |                                                                            |                                                                                   |                                                                   |
| 1. Entity Name<br>MOTEL LANE APTS., LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                       |                                 |                                                                            |                                                                                                                                                                    |                                                                   |
| Principal Place of Business<br>19101 MYSTIC POINT DR., UNIT 2808<br>AVENTURA, FL 33180                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                                 | Mailing Address<br>19101 MYSTIC POINT DR., UNIT 2808<br>AVENTURA, FL 33180 |                                                                                                                                                                    |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                 | 3. Mailing Address                                                         |                                                                                                                                                                    |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       |                                 | Suite, Apt. #, etc.                                                        |                                                                                                                                                                    |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                 | City & State                                                               |                                                                                                                                                                    |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                                               | Zip                             | Country                                                                    | 02242004 Chg-LLC CR2E083 (10/03)                                                                                                                                   |                                                                   |
| 4. FEI Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       |                                 |                                                                            | Applied For<br><input checked="" type="checkbox"/> Not Applicable                                                                                                  |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                       |                                 |                                                                            | \$5.00 Additional Fee Required                                                                                                                                     |                                                                   |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                       |                                 |                                                                            | 7. Name and Address of New Registered Agent                                                                                                                        |                                                                   |
| BRONSTEIN, HILLEL<br>1755 NE 164TH ST.<br>N. MIAMI BEACH, FL 33162                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       |                                 |                                                                            | Name<br>NANA BRONSTEIN<br>Street Address (P.O. Box Number is Not Acceptable)<br>3511 W. COMMERCIAL BLVD<br>SUITE 200<br>City<br>FT LAUDERDALE FL Zip Code<br>33309 |                                                                   |
| 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<br>2/24/04                                                                                                                                                    |                                                                   |
| Filing Fee is \$50.00<br>Due by May 1, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                       |                                 |                                                                            | Make check payable to<br>Florida Department of State                                                                                                               |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                 |                                                                            | 10. ADDITIONS/CHANGES                                                                                                                                              |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGR<br>BRONSTEIN, HILLEL<br>19101 MYSTIC POINT DR., UNIT 2808<br>AVENTURA, FL 33180   | <input type="checkbox"/> Delete |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGR<br>BRONSTEIN, PAULETTE<br>19101 MYSTIC POINT DR., UNIT 2808<br>AVENTURA, FL 33180 | <input type="checkbox"/> Delete |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | <input type="checkbox"/> Delete |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | <input type="checkbox"/> Delete |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | <input type="checkbox"/> Delete |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | <input type="checkbox"/> Delete |                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>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:                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       |                                 |                                                                            | DATE<br>2/24/04                                                                                                                                                    |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                 |                                                                            | Date Daytime Phone #                                                                                                                                               |                                                                   |