

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90214 050 \*\*\*\*50.00

**DOCUMENT # L01000014695**

1. Entity Name  
**MANSION AT OCEAN LLC**



Principal Place of Business  
**C/O ALAN J. MARCUS  
20803 BISCAYNE BLVD., SUITE 301  
AVENTURA, FL 33180**

Mailing Address  
**C/O ALAN J. MARCUS  
20803 BISCAYNE BLVD., SUITE 301  
AVENTURA, FL 33180**

**24038401**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072004 Chg-LLC CR2E083 (10/03)

4. FEI Number

**90-0020854**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARCUS, ALAN J  
20803 BISCAYNE BLVD., SUITE 301  
AVENTURA, FL 33180**

Name **Arie Steiger**

Street Address (P.O. Box Number is Not Acceptable)

**262 Atlantic Ave**

City **Sunny Isles Beach**

**FL**

Zip Code  
**33160**

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

*[Signature]* **Arie Steiger President**

(NOTE: Registered Agent signature required when reinstating)

**4/09/04**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME **MGRM** ☐ Delete  
STREET ADDRESS **STEIGER, ARLE**  
CITY-ST-ZIP **262 ATLANTIC AVE**  
**SUNNY ISLES BEACH, FL 33160**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
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TITLE  
NAME ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

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

*[Signature]* **Arie Steiger President**

Date

Daytime Phone #

**4/09/04 305.710.1230**