2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # L01000014695

1. Entity Name



2/1

FILED Mar 12, 2003 8:00 am Secretary of State 02-10-2003 90104 050 ****50.00

MANSION A	I OCEAN LLC			TX		_				
/O ALAN J. MARCUS		Mailing Address C/O ALAN J. MARCUS 20803 BISCAYNE BLVD 9 AVENTURA FL 33180	I/O. ALAN J. MARCUS 0803 BISCAYNE BLVD SUITE 301		90-002.0854					
2. Principal Pla	ce of Business	3. Mailing Address	. Mailing Address) TO NIOU DIE CTAN HOM BANK CONT OPEN ADION THE VALUE CHIPA HOM OF OUR CONT				
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MA	KING C	HANGES		
City & State		City & State	City & State			er APPLIED FOR		Applied For Not Applicable		
Zip Country		Zip	Zip Count		5. Certificate of Status Desired			\$5.00 Additional Fee Required		
		t Boolstored Agent			7. Name and	Address of New Registe	ered Ag	ent		
	6. Name and Address of Curren	r Hegistarad Ayent		< Name -	7	المستنب الملافقية المعيد الم		- · ·	- ·	l
20803	CUS, ALAN J B BISCAYNE BLVD., SUITE 301			Street Address	s (P.O. Box Numb	er is Not Acceptable)				
AVEN	TURA FL 33180			City			FL	Zip Code		
	named entity submits this statement			<u> </u>		ub in the State of Florida	-	miliar with, B	and accept	i
the obligation	ons of registered agent. Signature, typed or printed name of registered agent.	nt and title if applicable. (I	NOTE: Registers	ed Agent signature requ	ired when reinstating)		DATE			
		Make Check Pay	able to Fl	FEE IS \$50.0 lorida Departn lay 1, 2003	nent of State					
9.	MANAGING MEME	BERS/MANAGERS	10.			ADDITIONS/CHA			☐ Addition	ର
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11. I hereby indicated limited lis	certify that the information supplied to d on this report is true and accurate a ability company or the receiver or true	with this filing does not quali and that my signature shall h stee empowered to execute	ity for the ex nave the sai this report	kemption stated it me legal effect as as required by C	n Section 119.07() s if made under oa hapter 608, Florid	ath; that I am a managing a Statutes.	membe	r or manage	er of the	