
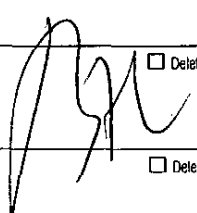
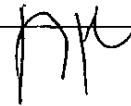
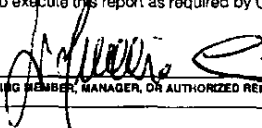


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
04 SEP 27 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000021227			
1. Entity Name MAC BAL HARBOUR, LLC			
Principal Place of Business 9700 COLLINS AVENUE MIAMI, FL 33154		Mailing Address 85 FIFTH AVE., 6TH FLOOR NEW YORK, NY 10003	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		c/o Pavia & Harcourt LLP	
City & State		600 Madison Avenue	
Zip		City & State New York, New York	
Country		Zip 10022	
		Country USA	
		4. FEI Number 13-4200203	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 120 HAYS STREET TALLAHASSEE, FL 32301-2525		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUCCIO, ENRICO DI	NAME	
STREET ADDRESS	85 FIFTH AVE., 6FL	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10003	CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHN, JEAN ROBERT	NAME	
STREET ADDRESS	85 FIFTH AVE., 6FL	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10003	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Enrico Di Muccio 		Date 9/24/04	Daytime Phone # 212-413-4400
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>



100041368741