

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90065 004 \*\*\*\*50.00

**DOCUMENT # L02000029003**

1. Entity Name  
**MARC BELL REALTY PARTNERS I, L.L.C.**



Principal Place of Business

**6800 BROKEN SOUND PARKWAY NW, 2ND FLOOR  
BOCA RATON, FL 33487**

Mailing Address

**6800 BROKEN SOUND PARKWAY NW, 2ND FLOOR  
BOCA RATON, FL 33487**



04212004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4 FFI Number

**111-60-3056**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MANASTER, JOSHUA D-ESQ -  
1428 BRICKELL AVENUE, PH  
MIAMI, FL 33131**

**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

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, 2004**

9. MANAGING MEMBERS/MANAGERS

|                |                           |
|----------------|---------------------------|
| TITLE          | MGRM                      |
| NAME           | BELL, MARC H.             |
| STREET ADDRESS | 6800 BROKEN-SOUND PKWY NW |
| CITY-ST-ZIP    | BOCA RATON, FL 33487      |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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| 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:**

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

**4/26/04**

Date

**561-988-1700**

Daytime Phone #