

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 25, 2004 8:00 am
Secretary of State

05-03-2004 90133 015 *****55.00

34007256



MOORE CR2E083 (11/03)

| | | | | | |
|---|--|---|--|--|--|
| DOCUMENT # L03000022513 | | | | | |
| 1. Entity Name MBCDC: WESTCHESTER APARTMENTS LLC | | | | | |
| Principal Place of Business 945 PENNSYLVANIA AVE. MIAMI BEACH FL 33139 | | | Mailing Address % MIAMI BEACH CDC 945 PENNSYLVANIA AVE. MIAMI BEACH FL 33139 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 04-3775556 | Applied For <input 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 LITTLE, JOHN M ESQ. LEGAL SERVICES OF GREATER MIAMI, INC. 3000 BISCAYNE BLVD. SUITE 300 MIAMI FL 33137 | | | 7. Name and Address of New Registered Agent Name: ROBERTO DATORRES Street Address (P.O. Box Number is Not Acceptable): 945 PENNSYLVANIA AVE City: MIAMI BEACH FL 33139 | | |
| 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 re-registering) DATE | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGER DAN TOMLIV 945 PENNSYLVANIA AV MIAMI BEACH, FL 33139 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGER ROBERTO DATORRES 945 PENNSYLVANIA AV MIAMI BEACH, FL 33139 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGER KARL KENNEDY 945 PENNSYLVANIA AVE M.B. FL 33139 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO MANAGER RICHARD WOOD 945 PENNSYLVANIA AV M.B. FL 33139 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS 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)(a), 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: 4/5/06 305 678-2090 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Daytime Phone # | | |