2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED 04 JUL 23 AM 9:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L03000032025

1. Entity Name
FLORIDA MANOR APARTMENTS ASSOCIATES, L.L.C

07212004 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
1680 MICHIGAN AVE SUITE 1001 MIAMI BEACH, FL 33137	1680 MICHIGAN AVE SUITE 1001 MIAMI BEACH, FL 33137

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 72-1570247 ☐ 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
COHEN, DONALD T ~~52 PAXFORD LANE~~ ~~BOYTON BEACH, FL 33426~~	Name Street Address (P.O. Box Number is Not Acceptable) 1680 Michigan AVE Suite 1001 City Miami Beach FL Zip Code 33137

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] Donald T Cohen 07/21/04
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 September 8, 2004

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOMINION DEVELOPERS, L.L.C. 1680 MICHIGAN AVE SUITE 1001 MAIMI BEACH, FL 33137 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500039575995
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COHEN, DONALD T 52 PAXFORD LANE BOYTON BEACH, FL 33426 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	07/27/04--01079--009 **55.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 07/21/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Donald T. Cohen