


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90132 026 \*\*\*\*50.00

**DOCUMENT # L99000002758**

1. Entity Name  
**WATER PLACE APARTMENTS, LLC**



Principal Place of Business  
**C/O FREDERICK K. MEHLMAN  
 875 MAMARONECK AVENUE  
 MAMARONECK, NY 10543**

Mailing Address  
**C/O FREDERICK K. MEHLMAN  
 875 MAMARONECK AVENUE  
 MAMARONECK, NY 10543**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

07022004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent  
**MANELLA, ROSS H  
 ROSS H. MANELLA, P.A.  
 2500 HOLLYWOOD BOULEVARD, SUITE 212  
 HOLLYWOOD, FL 33020**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	MGR TENSORE REALTY, LTD. 875 MAMARONECK AVENUE MAMARONECK, NY 10543 <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
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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)(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 508, Florida Statutes.

**SIGNATURE:**

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

Date

Daytime Phone #

*Authorized Representative*  
 7/9/04