


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L99000002758 1. Entity Name WATER PLACE APARTMENTS, LLC |  |
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| 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 |
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01062005 No Chg-LLC

CR2E083 (10/03)

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| 4. FEI Number 65-0923300 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

MANELLA, ROSS H
ROSS H. MANELLA, P.A.
2500 HOLLYWOOD BOULEVARD, SUITE 212
HOLLYWOOD, FL 33020

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR TENSORE REALTY, LTD. 875 MAMARONECK AVENUE MAMARONECK, NY 10543 |
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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: *Frederick K. Mehlman*

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

1/19/05
Date

914-899-8000
Daytime Phone #