


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000092822**  
1. Entity Name  
**MARBELLA COVE AT WATERSTONE, INC.**



Principal Place of Business      Mailing Address  
**80 S.W. 8TH STREET  
SUITE 1870  
MIAMI, FL 33130**      **80 S.W. 8TH STREET  
SUITE 1870  
MIAMI, FL 33130**

**DO NOT WRITE IN THIS SPACE**



03262004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>55-0801719</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**KAHN, S. LAWRENCE  
80 S.W. 8TH STREET  
SUITE 1870  
MIAMI, FL 33130**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.     **\$5.00** May Be Added to Fees

U00000112711  
04/14/04-80032-019 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHN, S. LAWRENCE III 80 S.W. 8TH STREET SUITE 1870 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHN DRODY, LANI 80 S.W. 8TH STREET SUITE 1870 MIAMI, FL 33130
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *S. G. Kahan*      Date 4/14/04      Daytime Phone # (305) 577-8550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR