


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90099 011 ****50.00

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| DOCUMENT # Z00059 1. Entity Name WESTVIEW MANOR APARTMENTS L.C. |  |
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14026990

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| Principal Place of Business 2645 S. BAYSHORE DR. SUITE 1101 MIAMI, FL 33133 | Mailing Address 2645 S. BAYSHORE DR. SUITE 1101 MIAMI, FL 33133 |
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07162004 No Chg-LLC CR2E083 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 65-0080714 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent KRINZMAN, RICHARD N. 2645 S. BAYSHORE DR. SUITE 1101 MIAMI, FL 33133 |
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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.

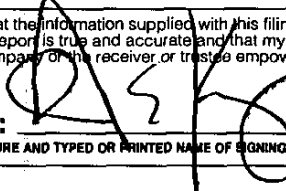
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00
Due by September 8, 2004

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KRINZMAN, RICHARD N. 2645 S. BAYSHORE DR. SUITE 1101 MIAMI, FL 33133 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KRINZMAN, ALAN E. 2645 S. BAYSHORE DR. SUITE 1101 MIAMI, FL 33133 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M BELLER INVESTMENT, LTD. 2601 S BAYSHORE DR SUITE 1600 MIAMI, FL 33133 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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:  Alan E. Krinzman, Manager 7/16/04 860-7360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #