


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000002204
 1. Entity Name
 NEW MIAMI RIVER VIEW LLC



Principal Place of Business: 230 PALERMO AVENUE, CORAL GABLES, FL 33134
 Mailing Address: 230 PALERMO AVENUE, CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE



04142005No Chg-LLC CR2E083 (10/03)

4. FEI Number: 56-2313142 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 KORGE, THOMAS J
 230 PALERMO AVENUE
 CORAL GABLES, FL 33134

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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: _____ 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 May 1, 2005**

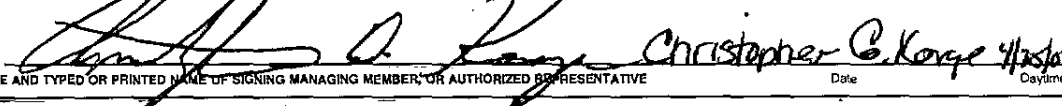
9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KORGE, CHRISTOPHER G
STREET ADDRESS	230 PALERMO AVE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGRM
NAME	KORGE, THOMAS J
STREET ADDRESS	230 PALERMO AVE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGRM
NAME	GOLDMEIER, BARRY
STREET ADDRESS	1101 BRICKELL AVE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/29/05-80047-013 50.00

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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)(f), 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:  Christopher G. Korge 4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

(305) 444-952