


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 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**



04182006No Chg-LLC CR2E083 (11/05)

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**

**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 \_\_\_\_\_ 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, 2006**


9. MANAGING MEMBERS/MANAGERS

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

1100000533608  
 05/06/06-80130-013 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **4/20/06** **305-444-9533**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #