2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 24, 2007 8:00 am
Secretary of State
04-24-2007 90107 035 ****50.00

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01262007 Chg-LLC CR2E083 (12/06)

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1. Entity Name
RIVERSIDE 22 INVESTMENTS LLC

Principal Place of Business	Mailing Address
2215 NW 14 ST. MIAMI, FL 33125	8991 NW 173 AVE — TERRACE MIAMI, FL 33018

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8991 N.W. 173 TERR	8991 N.W. 173 TERR
Suite, Apt. #, etc. MIAMI FL	Suite, Apt. #, etc.
City & State	City & State Miami FL
Zip 33018 Country USA	Zip 33018 Country USA

4. FEI Number 20-2118736 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ACOSTA, ANTONIO 8991 NW 173 AVE — TERRACE MIAMI, FL 33018	Name Antonio Acosta Street Address (P.O. Box Number is Not Acceptable) 8991 N.W. 173 TERRACE City MIAMI FL Zip Code 33018

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] 4/11/07
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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES MGRM		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ACOSTA, ANTONIO 8991 NW 173 AVE MIAMI, FL 33018	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Acosta Antonio 8991 N.W. 173 TERR. MIAMI FL 33018	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIU, JAVIER E 13255 SW 135 AVENUE MIAMI, FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Antonio Acosta 4/11/07 305-3248003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #