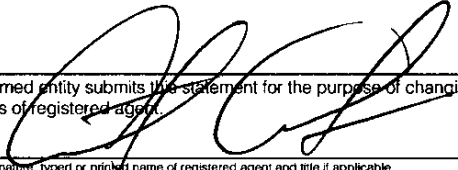
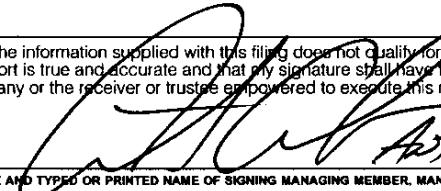


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90107 035 ****50.00

DOCUMENT # L04000084461					
1. Entity Name RIVERSIDE 22 INVESTMENTS LLC					
Principal Place of Business 2215 NW 14 ST. MIAMI, FL 33125			Mailing Address 8991 NW 173 AVE TERRACE MIAMI, FL 33018		
2. Principal Place of Business - No P.O. Box # 8991 NW 173 TERRACE Suite, Apt. #, etc. Miami FL		3. Mailing Address 8991 N.W. 173 TERRACE Suite, Apt. #, etc.			
City & State City: Miami State: FL		City & State City: Miami State: FL		4. FEI Number 20-2118736	
Zip 33018		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ACOSTA, ANTONIO 8991 NW 173 AVE TERRACE MIAMI, FL 33018			7. Name and Address of New Registered Agent Name: Antonio Acosta Street Address (P.O. Box Number is Not Acceptable): 8991 N.W. 173 TERRACE City: Miami State: 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:  (NOTE: Registered Agent signature required when reinstating) DATE: 4/11/07					
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		
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	MGRM 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
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 606, Florida Statutes.					
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 #		