
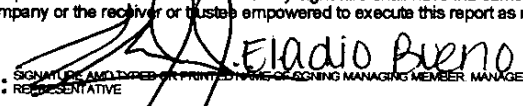


FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90066 030 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000048586			
1. Entity Name RIVER OAK, LLC			
Principal Place of Business 901 PONCE DE LEON BOULEVARD, SUITE 603 CORAL GABLES, FL 33134		Mailing Address 901 PONCE DE LEON BOULEVARD, SUITE 603 CORAL GABLES, FL 33134	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
A. FEI Number 01172007		Chg-LLC CR2E083 (12/06)	
5. Certificate of Status Desired L		Applied For Not	
7. Name and Address of New Registered Agent		\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent ALBORNOZ, WILLIAM H 901 PONCE DE LEON BOULEVARD, SUITE 603 CORAL GABLES, FL 33134		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. I hereby certify that the information supplied with 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 S. J. per/B required when changing)			
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	MGR □ Delete ELHD10 RAMON POMPEYO BUENO DE LOS RIOS CAR 901 PONCE DE LEON BOULEVARD, SUITE 603 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR □ Delete MORELIA HURTADO DE BUENO 901 PONCE DE LEON BOULEVARD, SUITE 603 CORAL GABLES, FL 33134	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: 		4118107 305-444-1741	