


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90073 047 ***138.75

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
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DO NOT WRITE IN THIS SPACE



01282008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-8899261	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent
 ALBORNOZ, WILLIAM H
 901 PONCE DE LEON BOULEVARD, SUITE 603
 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)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ELADIO 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	MGR MORELIA HURTADO DE BUENO 901 PONCE DE LEON BOULEVARD, SUITE 603 CORAL GABLES, FL 33134
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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: Eladio Bueno 2/8/08 305-444-1741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #