
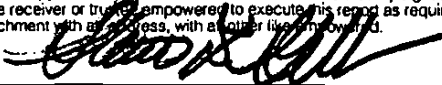


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

08-27-2008 90010 002 \*\*\*\*70.00  
**FILED** NO4000007157

2008 SEP -4 PM 2:42  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>DOCUMENT # N04000007157</b>					
1. Entity Name LATITUDE RIVERFRONT PLAZA MASTER ASSOCIATION, INC.					
Principal Place of Business 80 SW 8TH ST, SUITE 2710 MIAMI, FL 33130 US			Mailing Address 80 SW 8TH ST, SUITE 2710 MIAMI, FL 33130 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAVID H. ROGEL, ESQUIRE C/O BECKER & POLIAKOFF, P.A. 121 ALHAMBRA PLAZA, 10TH FLOOR CORAL GABLES, FL 33134				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GELB, STEVEN F		NAME		
STREET ADDRESS	80 SW 8TH ST, SUITE 2710		STREET ADDRESS	175 SW 7th St. #1612	
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP	Miami, FL 33130	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FISH, EDWARD A		NAME		
STREET ADDRESS	80 SW 8TH ST, SUITE 2710		STREET ADDRESS	175 SW 7th St #1612	
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP	Miami, FL 33130	
TITLE	SDT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NORKIN, KAREN		NAME		
STREET ADDRESS	80 SW 8TH ST, SUITE 2710		STREET ADDRESS	175 SW 7th St. #1612	
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP	Miami, FL 33130	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with either filed or removed.					
SIGNATURE: 				Date: 8/8/08.	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	