

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000062693

FILED
Jan 19, 2007
Secretary of State

Entity Name: RIVER LANE PROPERTIES INC.

Current Principal Place of Business:

C/O LOEB BLOCK PARTNERS
505 PARK AVE., 9TH FLOOR
NEW YORK, NY 10022 US

New Principal Place of Business:

Current Mailing Address:

C/O LOEB BLOCK PARTNERS
505 PARK AVE., 9TH FLOOR
NEW YORK, NY 10022 US

New Mailing Address:

FEI Number: 59-3609006 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: BIBAS, LEON
Address: 2600 ISLAND BLVD WILLIAMS ISLAND
City-St-Zip: MIAMI, FL 33160

Title: DP () Delete
Name: BIBAS, MARCO
Address: 2600 ISLAND BLVD WILLIAMS ISLAND
City-St-Zip: MIAMI, FL 33160

Title: DVP () Delete
Name: BIBAS, REBECA
Address: 2600 ISLAND BLVD WILLIAMS ISLAND
City-St-Zip: MIAMI, FL 33160

Title: AS () Delete
Name: BIBAS, DINA
Address: 2600 ISLAND BLVD WILLIAMS ISLAND
City-St-Zip: MIAMI, FL 33160

Title: T () Delete
Name: BIBAS, OLGA
Address: 2600 ISLAND BLVD WILLIAMS ISLAND
City-St-Zip: MIAMI, FL 33160

Title: AT () Delete
Name: LEIBMAN, DAVID
Address: 505 PARK AVE
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID LEIBMAN

AT

01/19/2007

Electronic Signature of Signing Officer or Director

_____ Date