2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 22, 2004 8:00 am DOCUMENT # P01000064590 **Secretary of State** 1. Entity Name 03-22-2004 90078 030 ***158.75 RIVER RUN SOUTH APARTMENTS, INC. Principal Place of Business Mailing Address 1650 CORAL WAY 1650 CORAL WAY #300 #300 MIAMI FL 33145 MIAMI FL 33145 2. Principal Place of Business 3. Mailing Address Ave 13 Hue.. 2130 SW 2130*5*W Suite, Apt. #, etc Suite, Apt. #, etc MOORE CR2E034 (11/03) City & State Applied For 4. FEI Number 65-1119709 miami Miami Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 15P Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MUNIZ, JORGE B Street Address (P.O. Box Number is Not Acceptable) 1640 CORAL WAY #400 Avenue MIAM! FL 33145 Miami 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 age SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 13. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition MUNIZ, JORGE B NAME NAME Z130 SW 13 Avenue 1640 CORAL WAY, #300 STREET ADDRESS STREET ADDRESS MIAMI FL 33145 CITY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition MUNIZ, NANCY L NAME NAME 1640 CORAL WAY, #300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33145 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME-STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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 exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF S

changed, or on

SIGNATURE:

FILED