


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90053 008 ****50.00

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| DOCUMENT # L03000041891 |  |
| 1. Entity Name MIAMI RIVER LLC | |

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| Principal Place of Business 848 BRICKELL AVE., STE. 700 MIAMI, FL 33131 | Mailing Address 848 BRICKELL AVE., STE. 700 MIAMI, FL 33131 |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

00001011

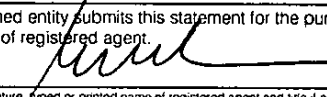


04182005 Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 74-3108717 | Applied For <input type="checkbox"/> Not Applicable |
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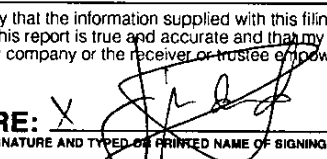
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| MURAI WALD BIONDO & MORENO, P.A. 900 INGRAHAM BLDG. 25 S.E. 2ND AVE. MIAMI, FL 33131 | | Name Murai Wald Biondo Moreno & Brochin PA Street Address (P.O. Box Number is Not Acceptable) Two Alhambra Plaza Penthouse 1B City Coconut Groves FL Zip Code 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  | Rene V. Murai 4/18/05 (NOTE: Registered Agent signature required when reinstating) DATE |

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| Filing Fee is \$50.00 Due by May 1, 2005 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST ARDID, JOSE 848 BRICKELL AVE. SUITE 700 MIAMI, FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASVP ARDID, INIGO 848 BRICKELL AVE. SUITE 700 MIAMI, FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASVP ARDID, DIEGO 848 BRICKELL AVE. SUITE 700 MIAMI, FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. 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 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:  Jose Ardido SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | 4/18/05 305-377-1001 Date Daytime Phone # |