2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 26, 2006 08:00 AN Secretary of State

DOC	IMENIT	#	_0300004189	1

1. Entity Name MIAMI RIVER LLC



Principal Place of Business

848 BRICKELL AVE., STE. 700 MIAMI, FL 33131

Mailing Address

848 BRICKELL AVE., STE. 700 MIAMI, FL 33131



04182006 No Chg-LLC

CR2E083 (11/05)

74-3108717		\$5.00 Additional
Certificate of Status Desired	1 1	Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MURAI WALD BIONDO & MORENO, P.A.

DO NOT WRITE

TWO ALHAMBRA PLAZA PENTHOUSE 1B MIAMI, FL 33134			IN THIS SPACE					
8. The above the obligation	named entity submits this statement for the purpose of changlons of registered agent	ging its registered	d office or regis	stered agent, or bo	oth, in the State of Florida. I am familiar with, and accept			
SIGNATURE_	Signature, typed or printed name of registered agent and little if applicable	(NOTE Registered	Mgent aignatura requ	ired when reinstalling)	DATE			
Fi Di	iling Fee is \$50.00 ue by May 1, 2006							
9.	MANAGING MEMBERS/MANAGERS			······································				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ARDID, JOSE 848 BRICKELL AVE. SUITE 700 MIAMI, FL 33131				· ·			
HILLE Name Street address City-St Zip	ASVP ARDID, INIGO 848 BRICKELL AVE. SUITE 700 MIAMI, FL 33131				000000533572 05/06/06-80126-018 50.00			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		,.		the continuum and the continuu				

11. I hereby certify that the information supplied with this filling 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	io Ardid.	4	ا(1001-665 (205) 200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTAT	(ve	Date	Ţ, Ţ	Daytime Phone #