

FILED
May 25, 2007 8:00 am
Secretary of State

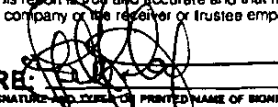
04-03-2007 90119 006 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

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DOCUMENT # L05000042809					
1. Entity Name 1511 ON THE RIVER, L.L.C.					
Principal Place of Business 917 SW 122 AVENUE MIAMI, FL 33184		Mailing Address 917 SW 122 AVENUE MIAMI, FL 33184			
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	Country	4. FEI Number 20-2775547	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SANTAYANA, RODOLFO Maria L. 917 SW 122 AVENUE MIAMI, FL 33184				7. Name and Address of New Registered Agent	
				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SANTAYANA, RODOLFO 3778 SW 135 AVE MIAMI, FL 33175	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD Patricia Santayana 10475 SW 22 St Miami, FL 33165	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SP SANTAYANA, MARIA LUISA 3778 SW 135 AVE MIAMI, FL 33175	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Rodolfo R. Santayana 13870 SW 100 Ln Miami, FL 33186	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
11. 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 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: 			5/19/07 305-5598565		
SIGNATURE AND TITLE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		