

**LIMITED LIABILITY COMPANY**

**01000016524**

**DOCUMENT #**

L01000016524

1. Entity Name

MIAMI RIVER OAKS, LLC



**FILED**

03 FEB 11 PM 2:01

SECRETARY OF STATE  
ALLAHASSEE FLORIDA

**MJH**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9400 S. Dadelane Boulevard

3. Mailing Address

9400 S. Dadeland Boulevard

Suite, Apt. #, etc.  
Suite 100

Suite, Apt. #, etc.  
Suite 100

City & State  
Miami, FL

City & State  
Miami, FL

4. FEI Number

22-3870297

Applied For

Not Applicable

Zip  
33156

Country  
USA

Zip  
33156

Country  
USA

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

7. Name and Address of Current Registered Agent

Name  
Brian J. McDonough

Street Address (P.O. Box Number is Not Acceptable)  
2200 Museum Tower

150 West Flagler Street

City  
Miami

FL

Zip Code  
33130

**DO NOT WRITE IN THIS SPACE**

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

*Brian J. McDonough*

2/10/03

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Louis Wolfson III 9400 S. Dadeland Boulevard, #100 Miami, Florida 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Michael D. Wohl 9400 S. Dadeland Boulevard, #100 Miami, Florida 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM David O. Deutch 9400 S. Dadeland Boulevard, #100 Miami, Florida 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Mitchell M. Friedman 9400 S. Dadeland Boulevard, #100 Miami, Florida 33156
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:

*David O. Deutch*

2/2/03

Date

Daytime Phone #

CR2E083B (12/02)



FILED

03 FEB 11 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 926731 . 4311473

AUTHORIZATION :

*Patricia Piquero*

COST LIMIT : \$ 205.00

ORDER DATE : February 11, 2003

ORDER TIME : 11:10 AM

ORDER NO. : 926731-005

CUSTOMER NO: 4311473

CUSTOMER: Jackie Gerstenfeld, Paralegal  
Stearns Weaver Miller  
Museum Tower, Suite 2200  
150 West Flagler Street  
Miami, FL 33130

RECEIVED  
03 FEB 11 PM 12:56  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: MIAMI RIVER OAKS, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS \_\_\_\_\_