

LIMITED LIABILITY COMPANY STATEMENT

**L01000016524**

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

Signature, typed or printed name of registered agent and title if applicable

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

**DO NOT WRITE IN THIS SPACE**

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 #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/02)



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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 \_\_\_\_\_