

2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

DOCUMENT # A05000001495	
1. Entity Name RIVERBROOK ACQUISITION, LTD.	



202 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 08 MAY 22 PM 3:48

Principal Place of Business 3211 PONCE DE LEON BLVD. SUITE 202 C/O NEWPORT PROPERTY VENTURES, LTD. CORAL GABLES FL 33134	Mailing Address 3211 PONCE DE LEON BLVD. SUITE 202 C/O NEWPORT PROPERTY VENTURES, LTD. CORAL GABLES FL 33134
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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

1st MOORE CR2E003 (10/07)

6. Name and Address of Current Registered Agent SCURTIS, CONSTANTINE 3211 PONCE DE LEON BLVD. SUITE 202 C/O NEWPORT PROPERTY VENTURES, LTD. CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name <u>Martini Gregory T.</u> Street Address (P.O. Box Numbers Not Acceptable) <u>2655 Le Jeune Road, Ste 1101</u> City <u>Coral Gables</u> FL Zip Code <u>33134</u>	
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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 [Signature] DATE 2/20/2008

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L05000072921	STREET ADDRESS	
NAME	AHR, LLC	CITY-ST-ZIP	400129698344 05/16/08--01045--007 **\$500.00
STREET ADDRESS	3211 PONCE DE LEON BLVD. SUITE 202		
CITY-ST-ZIP	CORAL GABLES FL 33134		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: [Signature] Constantine J. Scurtis 2/19/08 (805) 446-0010
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE