


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000002527**  
 1. Entity Name  
**SOUTH RIVERWALK INVESTMENTS, L.L.C.**



Principal Place of Business <b>CORNERSTONE ONE          1200 SOUTH PINE ISLAND ROAD, SUITE 475          PLANTATION, FL 33324</b>	Mailing Address <b>CORNERSTONE ONE          1200 SOUTH PINE ISLAND ROAD, SUITE 475          PLANTATION, FL 33324</b>
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**DO NOT WRITE IN THIS SPACE**



03052008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>94-1687665</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HEALY, CHARLOTTE A  
 4400 NORTH FEDERAL HIGHWAY, SUITE 42  
 BOCA RATON, FL 33431**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR UNICORN MANAGEMENT COMPANY, INC. 2810 E. OAKLAND PARK BLVD., SUITE 102 FT. LAUDERDALE, FL 33306
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 03/26/08-80096-003-138.75

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: Charlotte Q. Healy      3/6/08      561-265-4900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

**President, Unicorn Management Co. Inc.  
 Non-Member Manager for**