2005 LIMITED LIABILITY COMPANY

Jan 10, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # L01000000082 1. Entity Name SP RIVER, L.L.C. Principal Place of Business ___ Mailing Address ONE S.E. THIRD AVE. ONE S.E. THIRD AVE. **SUITE 3050** SUITE 3050 MIAMI, FL 33131 MIAMI, FL 33131 01062005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE | Applied For 4. FEI Number Not Applicable 65-6195104 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROSENBERG, DONALD S DO NOT WRITE ONE S.E. THIRD AVE. **SUITE 3050** IN THIS SPACE MIAMI, FL 33131 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when roinstating) Filing Fee is \$50.00 Due by May 1, 2005 U000000176433 01/10/05-80090-010 |55.00 MANAGING MEMBERS/MANAGERS 9. MGR TITLE ROSENBERG, DONALD S NAME ONE S.E. THIRD AVE. STREET ADDRESS CITY - ST - ZIP MIAMI, FL 33131 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED

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