

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 28, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L01000013114**

**1. Entity Name  
RIVER PARK, L.C.**



**Principal Place of Business  
C/O ROBERTA SEGAL  
STE. 405, 1065 NE 125TH ST.  
MIAMI, FL 33161**

**Mailing Address  
C/O ROBERTA SEGAL  
STE. 405, 1065 NE 125TH ST.  
MIAMI, FL 33161**



01182005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
65-1130658**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired ☒ \$5.00 Additional  
Fee Required**

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

**SEGAL, ROBERTA  
STE. 405, 1065 NE 125TH ST.  
MIAMI, FL 33161**

**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]*

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

(NOTE: Registered Agent signature required when reinstating)

*1/18/05*

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SEGAL, ROBERTA  
1065 N.E. 125TH ST. #405  
N. MIAMI, FL 33161**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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01/28/05-80115-004 55.00

**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:**

*[Signature]*

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

*1/18/05*

Date

*305-899-1065*

Daytime Phone #