


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2008 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 |
|---|---|

DO NOT WRITE IN THIS SPACE



01142008 No Chg-LLC CR2E083 (12/07)

| | |
|--|--|
| 4. FEI Number 65-1130658 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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 SEGAL, ROBERTA 1065 N.E. 125TH ST. #405 N. MIAMI, FL 33161 |
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04/07/08-80007-008 143.75

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IN THIS SPACE**

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: *Roberta Segal* **1/30/08 305-899-1065**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ROBERTA SEGAL