2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 11, 2008 08:00 All Secretary of State **DOCUMENT # L02000008167** 1. Entity Name RIVERPORT GROUP, LLC Mailing Address Principal Place of Business 1625 SE 17TH STREET 1625 SE 17TH STREET FORT LAUDERDALE, FL 33316 FORT LAUDERDALE, FL 33316 01072008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 95-4896722 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ASHCRAFT, WILLIAM E ESQ. 2736 NE 19TH ST FORT LAUDERDALE, FL 33305 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, 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 MANAGING MEMBERS/MANAGERS 9. TITLE NAME MOSES, THEODORE M 1625 SE 17TH STREET STREET ADDRESS CATY-ST-ZIP FORT LAUDERDALE, FL 33316 U00000824393 02/20/08-80076-011 138.75 TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

I hereby certify that the information supplied with this filling 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 path, 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

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

FILED