


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90047 026 ****55.00

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| DOCUMENT # L02000008947 |  |
| 1. Entity Name SOUTH RIVER ENTERPRISES, L.L.C. | |

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| Principal Place of Business 7477 SW 82ND ST., APT. C214 MIAMI FL 33143 | Mailing Address %MYRNA HOPE TOBIN 1825 PONCE DE LEON BLVD., STE. 395 CORAL GABLES FL 33134 |
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| 2. Principal Place of Business 1825 Ponce de Leon Blvd Suite, Apt. #, etc. 395 | 3. Mailing Address Same |
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| City & State C. 6. 33134 | City & State |
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|--------------|-----------------|-----|-----------------|
| Zip 33134 | Country Dade | Zip | Country Dade |
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1st MOORE CR2E083 (10/04)

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| 4. FEI Number 02-0614380 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LORIGA, FRANCISCO O ESQ. 6482 SW 39 ST. MIAMI FL 33155 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

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| 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, typed or printed name of registered agent, or both, if applicable | DATE |

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| <p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005</p> | |
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| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM TOBIN, MYRNA H 7477 SW 82ND ST C214 MIAMI FL 33134 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM 1825 Ponce de Leon Blvd Suite 395 C. 6. Fl 33134 Suite 395 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM JURI, HORACIO A 1825 PONCE DE LEON BLVD 395 CORAL GABLES FL 33134 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Juri Horacio A Suite 395 1825 Ponce de Leon Blvd C. 6 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LODI, RICARDO FRANCIS #38 CP 5620 MENDEZA, ARGENTINA | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| 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. | |
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| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Myrna Hope Tobin 5/1/05 |
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