2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000008947

1. Entity Name
SOUTH RIVER ENTERPRISES, L.L.C.

Principal Place of Business	Mailing Address
1825 PONCE DE LEON 395 MIAMI, FL 33134	%MYRNA HOPE TOBIN 1825 PONCE DE LEON BLVD., STE. 395 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

04282006No Chg-LLC CR2E083 (11/05)

4. FEI Number
02-0614380
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LORIGA, FRANCISCO O ESQ.
6482 SW 39 ST.
MIAMI, FL 33155

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	TOBIN, MYNRA H
STREET ADDRESS	1825 PONCE DE LEON BLVD, # 395
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	MGRM
NAME	JURI, HORACIO A
STREET ADDRESS	1825 PONCE DE LEON BLVD, # 395
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGRM
NAME	LODI, RICARDO
STREET ADDRESS	HRANCIS #38 CP 5620
CITY-ST-ZIP	MENDEZA, ARGENTINA,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/12/06-80082-013 50.00

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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 605, Florida Statutes.

SIGNATURE: Myrna Hope Tobin April 29, 06 (305)519-9048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #