


**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 26, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90571 031 \*\*\*\*50.00

**DOCUMENT # L02000008947**

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



Principal Place of Business  
**7477 SW 82ND ST., ATP. C214  
MIAMI FL 33143**

Mailing Address  
**%MYRNA HOPE TOBIN  
1825 PONCE DE LEON BLVD., STE. 395  
CORAL GABLES FL 33134**

**55057124**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
*Same*

3. Mailing Address  
*Same*

Suite, Apt. #, etc.

City & State

Zip Country

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MYRNA HOPE TOBIN</b> <input checked="" type="checkbox"/> Delete <b>7477 S.W. 82 ST. C214</b> <b>MIAMI, FLA. 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>HORACIO A. JURI</b> <input type="checkbox"/> Delete <b>1825 PONCE DE LEON BLVD 395</b> <b>C.G. FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RICARDO LOPEZ</b> <input checked="" type="checkbox"/> Delete <b>Francis #38 CP 5620</b> <b>General W. Mendez, MENDOZA ARGENTINA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **4/28/03** **(305) 661-5462**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date **305 51 99018** Daytime Phone #