## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Apr 29, 2004 08:00 AM

DOCUMENT # L0200009769  1. Entity Name NEO RIVER, LLC				Secretary of State	
Principal Place	te of Business ID AVENUE	Mailing Address 3375 SW 3RD AVENUE			
MIAMI, FL 3		MIAMI, FL 33145		Total Control	
	<u> </u>	<u> </u>	<u> </u>		
-	A NOT WOLT	- W - TUO - O.D.	.05	04192004 No Chg-LLC	CR2E083 (10/03)
L	O NOT WHIT	E IN THIS SP	ACE	4. FEI Number 84-1624655	Applied For Not Applicable
				5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Curre	ent Registered Agent		<u> </u>	
CALDERON, LISSETTE 3375 SW 3RD AVENUE			-	DO NOT WE	RITE
MIAMI, FL	. 33145			IN THIS SPA	ACE
the obligat	tions of registered agent.	t for the purpose of changing its region to the purpose of changing it		red agent, or both, in the State of Flori	da. I am familiar with, and accept
9.		BERS/MANAGERS		<u></u>	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALDERON, LISSETTE	IDERS/MANAGERS			
HTLE NAME	MGR CALDERON, MARIA		·	UN0000 -14/29 <b>/</b> 04	0138603 -80087-005 50.00

DO NOT WRITE IN THIS SPACE

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 tracepeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND SIGNATURE:

3375 SW 3 AVE.

MIAMI, FL 33145

HILE NAME STREET ADDRESS

TITLE MAKE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-SI-78 33316 NAME STREET ADDRESS. CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

O OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #