2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

CITY-ST-7tP

Secretary of State 05-02-2006 90042 024 ****50.00 **DOCUMENT # L02000009769** 1. Entity Name NEO RIVER, LLC 20043177 Principal Place of Business Mailing Address 1637 SW 8TH ST 1637 SW 8TH ST MIAMI, FL 33135 US MIAMI, FL 33135 01042006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 84-1624655 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CALDERON, LISSETTE DO NOT WRITE 1637 SW 8TH ST MIAMI, FL 33135 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. **MGRM** TITI E NAME CALDERON, LISSETTE STREET ADDRESS 1637 SW 8TH ST MIAMI, FL 33135 CITY-ST-ZIP MGRM TITLE CALDERON, MARIA NAME STREET ADDRESS 1637 SW 8TH ST CITY-ST-ZIP MIAMI, FL 33135 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 eath; 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 AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED

May 02, 2006 8:00 am