

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90596 007 \*\*\*\*50.00

<b>DOCUMENT # L02000011792</b> 1. Entity Name RIVERMAR REALTY, L.C.			
Principal Place of Business 1191 EAST NEWPORT CENTER DRIVE SUITE 103 DEERFIELD BEACH, FL 33442		Mailing Address 1191 EAST NEWPORT CENTER DRIVE SUITE 103 DEERFIELD BEACH, FL 33442	
2. Principal Place of Business <b>WE'VE MOVED</b> Suite, Apt. #, etc. <b>NEW ADDRESS:</b> 1660 NW 19th Ave. Pompano Beach, FL 33069		3. Mailing Address <b>WE'VE MOVED</b> Suite, Apt. #, etc. <b>NEW ADDRESS:</b> 1660 NW 19th Ave. Pompano Beach, FL 33069	
City & State Pompano Beach, FL 33069		City & State Pompano Beach, FL 33069	
Zip 33069		Zip 33069	
Country United States		Country United States	
4. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>	
6. Name and Address of Current Registered Agent BENDER, HARRY K BENDER, BENDER & CHANDLER, P.A. 5915 PONCE DE LEON BLVD., SUITE 60 CORAL GABLES, FL 3146		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 _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. <b>WE'VE MOVED</b> CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CASAGRANDE, JACK R 1191 EAST NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>NEW ADDRESS:</b> 1660 NW 19th Ave. Pompano Beach, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: <i>Patrick J. Casagrande</i>		Date: 3/10/04 Daytime Phone #: 954 398 9800	