
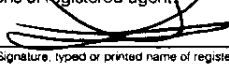
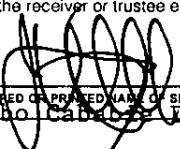


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L02000018832</b>					
<b>1. Entity Name</b> CABI NEW RIVER, LLC					
<b>Principal Place of Business</b> 19950 W. COUNTRY CLUB DR. SUITE 900 AVENTURA, FL 33180			<b>Mailing Address</b> 19950 W. COUNTRY CLUB DR. SUITE 900 AVENTURA, FL 33180		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 52-2370247	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146			Name <b>CT Corporation System</b> Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road City <b>Plantation</b> <b>FL</b> Zip Code <b>33324</b>		
<b>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</b>					
SIGNATURE 			<b>PETER F. SOUZA</b> <b>ASSISTANT SECRETARY</b>		
Signature, typed or printed name of registered agent and title if applicable.			DATE <b>4/12/06</b>		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DANIEL, ELIAS C 19950 W. COUNTRY CLUB DR. AVENTURA, FL 33180	<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	MGR DANIEL, ABRAHAM C 19950 W. COUNTRY CLUB DR. AVENTURA, FL 33180	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date <b>4/12/06</b> Daytime Phone #					

**FILED**

2006 APR 13 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02022006 Chg-LLC CR2E083 (11/05)

4. FEI Number 52-2370247 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name CT Corporation System

Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road

City Plantation FL Zip Code 33324

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 PETER F. SOUZA ASSISTANT SECRETARY

DATE 4/12/06

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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