3. FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000019720

1. Entity Name
RIVER DALE, LLC

Principal Place of Business	Mailing Address
100 SOUTHEAST 2ND STREET, SUITE 3500 MIAMI, FL 33131	100 SOUTHEAST 2ND STREET, SUITE 3500 MIAMI, FL 33131

2. Principal Place of Business	3. Mailing Address
17850 W. Dixie Hwy	17850 W Dixie Hwy
Suite, Apt. #, etc. 2B	Suite, Apt. #, etc. 2B
City & State North Miami Beach	City & State North Miami Beach
Zip 33160 Country USA	Zip 33160 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
02-0643169
☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~REGISTERED AGENTS OF FLORIDA, LLC~~
~~100 SOUTHEAST 2ND STREET, SUITE 3500~~
~~MIAMI, FL 33131~~

7. Name and Address of New Registered Agent

Name: ALEJANDRO GUELMAN
Street Address (P.O. Box Number is Not Acceptable):
17850 W Dixie Hwy
Suite 2B
City: North Miami FL Zip Code: 33160

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] 4/11/03 [signature]
(If changing Registered Agent, Registered Agent must sign.) Date

9. MANAGING MEMBERS/ MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Alejandro Guelman 17850 W. Dixie Hwy #2B N. Miami Beach, FL 33160 ☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E055 (10/02)

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] 03/13/03 (786) 282-9966
SIGN HERE AND TYPE OR PRINT NAME OF MEMBER, MANAGER, RECEIVER, TRUSTEE, OR AUTHORIZED REPRESENTATIVE. Date Daytime Phone #