

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019980

FILED
Apr 06, 2004
Secretary of State

Entity Name: MIAMI RIVERHOUSE PROPERTIES, LLC

Current Principal Place of Business:

201 S. BISCAYNE BLVD. #1700
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

201 S. BISCAYNE BLVD. #1700
MIAMI, FL 33131

New Mailing Address:

3200 ROYAL ROAD
COCONUT GROVE, FL 33133

FEI Number: 41-2057716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIAMI CENTER REGISTERED AGENTS, LLC
201 S. BISCAYNE BLVD. #1700
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

SWARTZ, PETER A
40 SW NORTH RIVER DRIVE
MIAMI, FL 33130 US

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.

SIGNATURE: PETER A. SWARTZ

04/06/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SWARTZ, PETER A
Address: 350 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33130

Title: S () Delete
Name: WEISS, CAROLINE
Address: 350 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: WEISS, CAROLINE
Address: 350 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33130

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PETER A. SWARTZ

MGRM

04/06/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date