

AMENDED

2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # L02000019980

1. Entity Name  
MIAMI RIVERHOUSE PROPERTIES, LLC



Principal Place of Business  
201 S. BISCAYNE BLVD. #1700  
MIAMI, FL 33131

Mailing Address  
3200 ROYAL ROAD  
COCONUT GROVE, FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11052004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

41-2057716

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

3187 Royal Rd  
Miami - FL 33133

Miami - FL 33133

FL

Zip Code

33133

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

(NOTE: Registered Agent signature required when reinstating)

12/3/04

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME SWARTZ, PETER A  
STREET ADDRESS 350 WEST FLAGLER STREET  
CITY-ST-ZIP MIAMI, FL 33130 ☐ Delete

TITLE MGR  
NAME WEISS, CAROLINE  
STREET ADDRESS 3187 Royal Road, Miami  
CITY-ST-ZIP FL 33133 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CAROLINE WEISS

12/3/04 305-479

Daytime Phone #

3900