

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)

Caroline Weiss
3187 Royal Rd
Miami - FL 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]

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]

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

CAROLINE WEISS

12/3/04

305-479

Daytime Phone #

3900

FILED
2004 DEC -8 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

