


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000024936 1. Entity Name RIVER BEND APARTMENTS, LLC	
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Principal Place of Business 777 ARTHUR GODFREY ROAD 4TH FLOOR MIAMI BEACH, FL 33140	Mailing Address 777 ARTHUR GODFREY ROAD 4TH FLOOR MIAMI BEACH, FL 33140
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04202004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0008035	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

RUBIN, MARK
777 ARTHUR GODFREY ROAD
4TH FLOOR
MIAMI BEACH, FL 33140

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

000000126882
04/23/04-80052-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RUBIN, MARK 777 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GROSS, PHIL 777 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KAHN, G. WOODY 777 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-20-2004

Date

239-275-8868

Daytime Phone #