

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90081 003 ****50.00

DOCUMENT # L03000000800

1. Entity Name

NEW RIVER II GP, LLC



Principal Place of Business

115 N.W. 167 STREET, #300
NORTH MIAMI FL 33169

Mailing Address

115 N.W. 167 STREET, #300
NORTH MIAMI FL 33169

2. Principal Place of Business

3. Mailing Address

Suite, One SE 3rd Avenue
Suite 3100
City & Miami, FL 33131

St One SE 3rd Avenue
Suite 3100
Ci Miami, FL 33131

Zip

Zip



MOORE CR2E083 (11/03)

4. FEI Number

72-1554360

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

TRACY, GRANVIL M
115 N.W. 167 STREET, #300
NORTH MIAMI FL 33169

Name

Street

(separable)

One SE 3rd Avenue
Suite 3100
City Miami, FL 33131

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ~~GRANVIL TRACY~~ ☐ Delete
NAME ~~ONE SE 3RD AVE STE 3100~~
STREET ADDRESS ~~MIAMI FL 33131~~
CITY-ST-ZIP

TITLE ~~One SE 3rd Avenue~~ ☐ Change ☐ Addition
NAME ~~Suite 3100~~
STREET ADDRESS ~~Miami, FL 33131~~
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME MGRM
STREET ADDRESS TRACY, GRANVIL
CITY-ST-ZIP ONE SE 3RD AVE, SUITE 3100
MIAMI, FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

GRANVIL TRACY 4/27/04 305-654-1560

Date

Daytime Phone #