2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 16, 2005 8:00 am Secretary of State **DOCUMENT # L03000007528** 05-16-2005 90039 015 ****50.00 RIVER TERRACE, LLC Principal Place of Business Mailing Address 205 W. DR. MARTIN LUTHER KING JR BLVD 205 W. DR. MARTIN LUTHER KING JR BLVD STE 202 STE 202 TAMPA, FL 33603 TAMPA, FL- 33603> 05032005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number NOT APPLICATELE Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NORMAN, CHRISTOPHER H DO NOT WRITE 315 S. HYDE PARK AVE. **TAMPA, FL 33606** 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_ 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 September 7, 2005 MANAGING MEMBERS/MANAGERS 9. TILLE NAME FERNANDEZ, CELESTINO F 205 W DR MARTIN LUTHER KING JR BLVD #202 STREET ADDRESS TAMPA, FL 33603 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-702 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME STREET ADDRESS CITY-ST-ZIP

FILED