

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90273 045 ****50.00

DOCUMENT # L03000007614

1. Entity Name
RIVER MARINA PARTNERS LLC



Principal Place of Business
**6823 VISTA PARKWAY NORTH
 WEST PALM BEACH, FL 33411**

Mailing Address
**6823 VISTA PARKWAY NORTH
 WEST PALM BEACH, FL 33411**

2. Principal Place of Business
6534 Rock Creek Drive

3. Mailing Address
6534 Rock Creek Drive

Suite, Apt. #, etc.

City & State
Lake Worth, Florida

City & State
Lake Worth, Florida

Zip
33467

Country
USA



03152004 Chg-LLC CR2E083 (10/03)

4. FEI Number
74-3082604

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ARMOUR, ALAN I II
 1645 PALM BEACH LAKES BLVD., SUITE 1200
 WEST PALM BEACH, FL 33401**

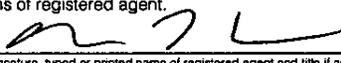
7. Name and Address of New Registered Agent

Name
Chris A. Heine

Street Address (P.O. Box Number is Not Acceptable)
6534 Rock Creek Drive

City
Lake Worth **FL** Zip Code
33467

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  **Chris A. Heine, Partner** **3/15/04**

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

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

Make check payable to Florida Department of State

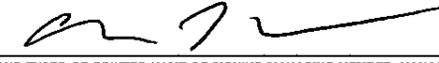
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner Chris A. Heine 6534 Rock Creek Road Lake Worth, Florida 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner Chris A. Heine 6534 Rock Creek Road Lake Worth, Florida 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Chris A. Heine, Partner** **3/15/04** **561-722-9520**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #