


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

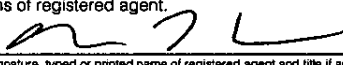
Street Address (P.O. Box Number is Not Acceptable)
6534 Rock Creek Drive

City
Lake Worth

State
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 #