
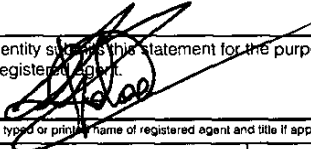
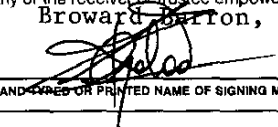


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90011 032 \*\*\*\*55.00

<b>DOCUMENT # L03000014818</b> 1. Entity Name <b>RIVERBEND WEST, LLC</b>					
Principal Place of Business <b>2900 UNIVERSITY DRIVE, SUITE 26 CORAL SPRINGS, FL 33065</b>			Mailing Address <b>2900 UNIVERSITY DRIVE, SUITE 26 CORAL SPRINGS, FL 33065</b>		
2. Principal Place of Business <b>2900 University Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>2900 University Drive</b> Suite, Apt. #, etc.			
City & State <b>Coral Springs, FL</b>		City & State <b>Coral Springs, FL</b>		4. FEI Number <b>52-2382693</b>	
Zip <b>33065</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SCHROEDER, MICHAEL A 120 EAST PALMETTO PARK ROAD, SUITE 150 BOCA RATON, FL 33432</b>			7. Name and Address of New Registered Agent Name <b>Broward Barron, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2900 University Drive</b> City <b>Coral Springs</b> <b>FL</b> Zip Code <b>33065</b>		
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 		<b>George Rahael, President</b>		<b>4/16/04</b>	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Broward Barron, Inc. 2900 University Drive Coral Springs, FL 33065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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.					
<b>Broward Barron, Inc.</b>			<b>George Rahael</b> President		
<b>SIGNATURE:</b> 		<b>4/16/04</b>		<b>954-753-9500</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	