
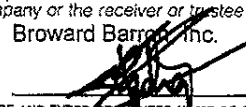


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L03000014818</b>		
1. Entity Name RIVERBEND WEST, LLC		
Principal Place of Business 2900 UNIVERSITY DRIVE, CORAL SPRINGS, FL 33065	Mailing Address 2900 UNIVERSITY DRIVE, CORAL SPRINGS, FL 33065	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  BROWARD BARRON, INC 2900 UNIVERSITY DRIVE, CORAL SPRINGS, FL 33065		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWARD BARRON, INC 2900 UNIVERSITY DRIVE, CORAL SPRINGS, FL 33065	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. <div style="display: flex; justify-content: space-between;"><div><b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small></div><div>George Rahael, President Managing Member</div><div>Date 4/15/06</div><div>Daytime Phone # 954-753-9500</div></div>		



02272006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 11-3691196	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

U00000530745  
05/06/06-80005-023 55.00