2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED **DOCUMENT # L03000022813** 04 APR 22 AH 7: 42 21ST CENTURY RIVER INVESTMENTS, LLC CECT CONTRACTED FLORIDA MJH Principal Place of Business Mailing Address 8991 NW 173 TERRACE 8991 NW 173 TERRACE MIAMI, FL 33018 MIAMI, FL 33018 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04112004 CR2E083 (10/03) Chg-LLC Applied Fo City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired . \sqrt{c} Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ACOSTA, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 8991 NW 173 TERRACE MIAMI, FL 33018 Zip Code 8. The above named entity sydmits this sydement 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 (NOTE; Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM TITLE Change Addition ☐ Delete ACOSTA, ANTONIO NAME NAME 8991 NW 173 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33018 CITY-ST-ZIP ☐ Delete ☐ Change - Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delète TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CfTY-ST-ZIP 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 of the receiver of true ee propoyered to execute this report as required by Chapter 608, Florida Statutes. 305-345-3076

OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #