2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Mar 15, 2006
Secretary of State

DOCUMENT# L03000026816

Entity Name: RIVER OF GRASS IMPORTS LLC

Current Principal Place of Business:

1147 NE 4TH AVENUE
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

1225 NE 16TH TERRACE
FORT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 45-0524488 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KENNEDY, KAREN J
1147 NE FOURTH AVENUE
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: KENNEDY, KAREN J
Address: 1225 NE 16TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MGM ( ) Delete
Name: CORNEAL, FORREST B
Address: 1225 NE 16TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MGM (X) Delete
Name: HARRIMAN, MARTHA
Address: 1216 NE 16TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KAREN J. KENNEDY MGR 03/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date