Jun. 7. 2004 2:20PM No. 3108 P. 2

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000038513

1. Entity Name
THE MIAMI RIVER SITE, LLC

FILED
Jun 18, 2004 8:00 A.M.
Secretary of State

Principal Place of Business	Mailing Address
1500 SAN REMO AVE., STE. 300 CORAL GABLES, FL 33146	1500 SAN REMO AVE., STE. 300 CORAL GABLES, FL 33146

06072004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0431924 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STATTNER, STEVEN 1500 SAN REMO AVE., STE. 300 C/O INTEGRATED PROPERTY SERVICES, INC. CORAL GABLES, FL 33146	Name: Schreiber, Gerhardt A. Street Address (P.O. Box Number is Not Acceptable): 2222 Ponce de Leon Blvd. Penthouse Suite City: Coral Gables FL Zip Code 33134

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: [signature] June 7, 2004
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 September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Stattner, Steven 1500 San Remo Ave., Suite 300 Coral Gables, FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature]

FROM (MON)JUN 7 2004 3:30/ST. 3:29/NO. 6310494763 P 1