


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90284 041 ****55.00

DOCUMENT # L03000038513	
1. Entity Name THE MIAMI RIVER SITE, LLC	
	
Principal Place of Business 1500 SAN REMO AVE., STE. 300 CORAL GABLES, FL 33146	Mailing Address 1500 SAN REMO AVE., STE. 300 CORAL GABLES, FL 33146



04042005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0431924	Applied For <input type="checkbox"/> Not Applicable.
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
<i>Old</i> SCHREIBER, GERHARDT A 2222 PONCE DE LEON BLVD. PENTHOUSE SUITE CORAL GABLES, FL 33134	<i>New</i> Michael M. O'Connell 1500 San Remo Ave Suite 300 Coral Gables, FL 33146

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IN THIS SPACE**

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: Michael M. O'Connell 4/5/05
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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEVEN, STATTNER 1500 SAN REMO AVE. SUITE 300 CORAL GABLES, FL 33148
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IN THIS SPACE**

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: STEVE STATTNER 4/5/05 305-666-5905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #