


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000038513
1. Entity Name
THE MIAMI RIVER SITE, LLC



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

DO NOT WRITE IN THIS SPACE



02222006 No Chg-LLC CR2E083 (11/05)

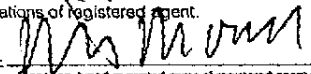
4. FEI Number 20-0431924	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fees Required

6. Name and Address of Current Registered Agent

O'CONNELL, MICHAEL M
1900 SAN REMO AVE
STE 300
MIAMI, FL 33146

**DO NOT WRITE
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:  (NOTE: Registered Agent signature required when reissuing) DATE: 2/23/06

**Filing Fee is \$50.00
Due by May 1, 2006**

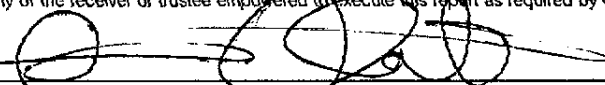
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEVEN, STATNER 1500 SAN REMO AVE. SUITE 300 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

180000455454
03/15/06-80060-005 \$5.00

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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.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #