

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90053 008 ****50.00

DOCUMENT # L03000041891	
1. Entity Name MIAMI RIVER LLC	

Principal Place of Business 848 BRICKELL AVE., STE. 700 MIAMI, FL 33131	Mailing Address 848 BRICKELL AVE., STE. 700 MIAMI, FL 33131
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

00001011

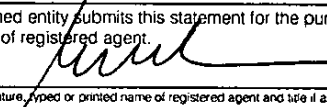


04182005 Chg-LLC CR2E083 (10/03)

4. FEI Number 74-3108717	Applied For ☐ Not Applicable
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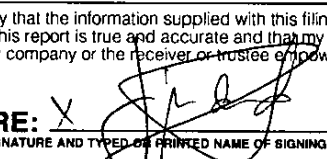
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MURAI WALD BIONDO & MORENO, P.A. 900 INGRAHAM BLDG. 25 S.E. 2ND AVE. MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Murai Wald Biondo Moreno & Brochin PA Street Address (P.O. Box Number is Not Acceptable) Two Alhambra Plaza Penthouse 1B City Coconut Creek FL Zip Code 33434
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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 	Rene V. Murai 4/18/05 (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ARDID, JOSE ☐ Delete 848 BRICKELL AVE. SUITE 700 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASVP ARDID, INIGO ☐ Delete 848 BRICKELL AVE. SUITE 700 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASVP ARDID, DIEGO ☐ Delete 848 BRICKELL AVE. SUITE 700 MIAMI, FL 33131	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
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:  Jose Ardido	4/18/05 305-377-1001 Date Daytime Phone #