

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

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
---	---

DO NOT WRITE IN THIS SPACE



04182006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 74-3108717	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent MURAI WALD BIONDO & MORENO, P.A. TWO ALHAMBRA PLAZA PENTHOUSE 1B MIAMI, FL 33134

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 _____ 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, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST ARDID, JOSE 848 BRICKELL AVE. SUITE 700 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASVP ARDID, INIGO 848 BRICKELL AVE. SUITE 700 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASVP ARDID, DIEGO 848 BRICKELL AVE. SUITE 700 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000533572
05/06/06-80126-018 50.00

DO NOT WRITE
IN THIS SPACE

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: 	Inigo Ardid. 4/21/06 (305) 377-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #