

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004107

Entity Name: RIVER EDGE, LLC

FILED
Jan 17, 2007
Secretary of State

Current Principal Place of Business:

6800 NERVIA STREET
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

6800 NERVIA STREET
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 27-0079179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELAND, MARK S ESQ.
3000 WACHOVIA FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD.
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COHEN, PETER E MR.
Address: 6800 NERVIA STREET
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM () Delete
Name: COHEN, LAWRENCE H MR.
Address: 6800 NERVIA STREET
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PETER COHEN

MGRM

01/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date