

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008037

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: RIVER HOUSE PARTNERS LLC

**Current Principal Place of Business:**

161 MADEIRA AVENUE, SUITE 31  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

161 MADEIRA AVENUE, SUITE 31  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-0703847

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PEREZ, RAFAEL A  
201 ALHAMBRA CIRCLE, SUITE 702  
CORAL GALBES, FL 33134 US

**Name and Address of New Registered Agent:**

PEREZ, RAFAEL A  
201 ALHAMBRA CIRCLE  
SUITE 711  
CORAL GALBES, FL 33134 US

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: RAFAEL A PEREZ

04/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CASARIEGO, ORLANDO J  
Address: 161 MADEIRA AVENUE, SUITE 31  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Delete  
Name: SANDOVAL, GREG  
Address: 161 MADEIRA AVENUE, SUITE 31  
City-St-Zip: CORAL GABLES, FL 33134

**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 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: ORLANDO J CASARIEGO

MGR

04/29/2008

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