

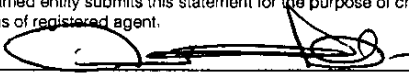



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-29-2005 90054 004 \*\*\*\*50.00

<b>DOCUMENT # L04000024802</b>					
1. Entity Name NEO RIVER FRONT LIM, LLC					
Principal Place of Business 3375 SW 3RD AVE MIAMI, FL 33145			Mailing Address 3375 SW 3RD AVE MIAMI, FL 33145		
2. Principal Place of Business <i>1637 S.W. 8th St.</i>		3. Mailing Address <i>1637 S.W. 8th St.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Miami, FL 33135</i>		City & State <i>Miami, FL</i>		01072005 Chg-LLC CR2E083 (10/03)	
Zip <i>33135</i> Country <i>USA</i>		Zip <i>33135</i> Country <i>USA</i>		4. FEI Number <i>34-198695</i>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  GUERRA, FRANK 3375 SW 3RD AVE MIAMI, FL 33145			7. Name and Address of New Registered Agent Name <i>same</i> Street Address (P.O. Box Number is Not Acceptable) <i>1637 SW 8th Street</i> City <i>Miami, FL</i> Zip Code <i>33135</i>		
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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALDERON, LISSETTE 3375 SW 3RD AVE MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1637 SW 8th street Miami, FL 33135</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUERRA, FRANK 3375 SW 3RD AVE MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1637 SW 8th street Miami, FL 33135</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALDERON, MARIA 3375 SW 3RD AVE MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1637 SW 8th street Miami, FL 33135</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			Date <i>305-285-1418</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		