

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000024802**

1. Entity Name

NEO RIVER FRONT LIM, LLC



Principal Place of Business

1637 SW 8TH STREET  
MIAMI, FL 33135

Mailing Address

1637 SW 8TH STREET  
MIAMI, FL 33135



01042006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

34-1988695

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GUERRA, FRANK  
1637 SW 8TH STREET  
MIAMI, FL 33135

**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	MGRM
NAME	CALDERON, LISSETTE
STREET ADDRESS	1637 SW 8TH ST
CITY- ST- ZIP	MIAMI, FL 33135
TITLE	MGRM
NAME	GUERRA, FRANK
STREET ADDRESS	1637 SW 8TH STREET
CITY- ST- ZIP	MIAMI, FL 33135
TITLE	MGRM
NAME	CALDERON, MARIA
STREET ADDRESS	1637 SW 8TH ST
CITY- ST- ZIP	MIAMI, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000550050  
05/13/06-80044-018 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #