
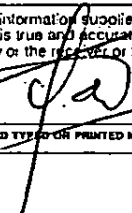


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90119 044 \*\*\*\*50.00

<b>DOCUMENT # L04000025770</b>					
1. Entity Name RIVER GARDEN DEVELOPERS, LLC					
Principal Place of Business 10300 SW 72 STREET SUITE 318 MIAMI, FL 33173			Mailing Address 10300 SW 72 STREET SUITE 318 MIAMI, FL 33173		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-0967646</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>INTEGRAL BUSINESS AND INVESTMENTS, INC.</b> 10300 SW 72 ST. #4750 MIAMI, FL 33173 <b>318</b>			7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>10300 SW 72 ST. 7 318</b> City <b>MIAMI</b> FL Zip Code <b>33173</b>		
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 _____ 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	MGR SANTA LUCIA DEVELOPMENT, CORP 10300 SW 72 ST. #4750 MIAMI, FL 33173 <b>318</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SANTA LUCIA DEVELOPMENT CORP 10300 SW 72 ST. 7 318 MIAMI, FL 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR INTEGRAL BUSINESS AND INVESTMENTS, INC. 10300 SW 72 ST. #4750 MIAMI, FL 33173 <b>318</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR INTEGRAL BUSINESS AND INVESTMENTS, INC 10300 SW 72 ST. 7 318 MIAMI, FL 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 registered agent or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			DATE: <b>1-25-05</b>		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE		

301100011



01222005 Chg-LLC CR2E083 (10/03)