



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90106 049 \*\*\*\*50.00

<b>DOCUMENT # L04000026262</b> 1. Entity Name RIVER OAKS INVESTMENTS, L.L.C.					
Principal Place of Business 16338 VINTAGE OAKS LANE DELRAY BEACH, FL 33444			Mailing Address 16338 VINTAGE OAKS LANE DELRAY BEACH, FL 33444		
2. Principal Place of Business 509 MIDDLE RIVER DR. Suite, Apt. #, etc. 120		3. Mailing Address 509 MIDDLE RIVER DR. Suite, Apt. #, etc.			
City & State FORT LAUDERDALE FL		City & State FORT LAUDERDALE, FL			
Zip 33304		Country USA			
4. FEI Number 56-2457429		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01312005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  MALLINGER, MARTIN R 980 NORTH FEDERAL HIGHWAY, SUITE 302 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 LEFFERTS, GARY H 16338 VINTAGE OAKS LANE DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OWEN, HOWARD 501 MIDDLE RIVER DRIVE FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OWEN, HOWARD 501 MIDDLE RIVER DRIVE FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OWEN, HOWARD 501 MIDDLE RIVER DRIVE FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OWEN, HOWARD 501 MIDDLE RIVER DRIVE FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			2/24/05 954-565-6108 <small>Date Daytime Phone #</small>		