2006 LIMITED LIABILITY COMPANY

FILED Mar 22, 2006 08:00 Al Secretary of State ANNUAL REPORT DOCUMENT # L04000031501 1. Entity Name MIAMI RIVER MORTGAGE, LLC Principal Place of Business Mailing Address C/O ROBERT KAHN, P.A. C/O ROBERT KAHN, P.A. 1655 DREXEL AVE #200 1655 DREXEL AVE #200 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 03202006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1141876 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KAHN, ROBERT DO NOT WRITE 1655 DREXEL AVE #200 MIAMI BEACH, FL 33139 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. Tam familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or presed name of registered agont and title if applicable. (NOTE: Registered Agent signature required where renstating) Filing Fee is \$50.00 Due by May 1, 2006 U00000477627 04/06/06-80058-021 50.00 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME DEWEY, CHRISTOPHER 51 JFK PARKWAY STREET ACCRESS CHY-ST-ZIP SHORT HILL, NJ HILE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST- 7/P THE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP title NAME STREET ADDRESS City-ST-ZIP TiTLE NAME STREET ADDRESS City-St-ZiP 11. I hereby certify that the information supplied with this filling 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 report or trustee experienced to execute this report as required by Chapter 608, Florida Statutes

D OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: