2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2006 08:00 AM Secretary of State

| DOCUMENT # L04000045116 1. Entity Name MIAMI RIVER 164, LLC | | | | | Secretary of State | | | |
|---|--|-------------------------------------|-------------------|---------------------------------------|------------------------|----------------------|--|------------------------------|
| Principal Place of Business Mailing Address | | | | \ | 1 | | | |
| 1200 PONCE 1ST FLOOR | E DE LEON BLVD. | 1200 PONCE DE LEON BLVD. | | | | | | |
| CORAL GABLES, FL 33134 | | 1ST FLOOR CORAL GABLES, FL 33134 | | | | | | |
| 2. Principal Place of Business | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | KA 1886 AND AREA | |
| Suite, Apt. It, etc. | | Suite, Apt. #, etc. | | 04252006 | Chg-LLC | CR2E083 (11/05) |) | |
| City & State | | City & State | | | 4. FEI Numbe 20-125 | | | pplied For lot Applicable |
| Zip | Country Zip | | Country | | | of Status Desired | □ \$5.00 Ad | lditional |
| 6. Name and Address of Current | | Registered Agent | | | <u> </u> | Address of New R | Fee Requir | ed |
| <u> </u> | | Translated Freedom | | Name | r. Hame and | Address of Hew It | edistated Whatir | |
| | TI, JOSE R CE DE LEON BLVD. | | Street Address (P | | P.O. Box Numbe | er is Not Acceptable | <u> </u> | |
| 1ST FLOC | | | | 5.100(7.101(000) | | - In teat reacytonic | , | |
| CORAL G | ABLES, FL 33134 | • • | i | | | | | |
| | | | | City | | | FL Zip Cod | de |
| 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 Fiorida. 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 reinstaining) DATE | | | | | | | | |
| | and at the control to the distribution of the control of the contr | and the trappicable (NO) | C. REGISTER | o Agest signature requiet | TWINEST SUITS (BLEET) | ·· | DATE | |
| Doe by May 1, 2006 | | | | | | | e check payable to Department of Stat | te · |
| 9. | MANAGING MEMBE | ERS/MANAGERS | 10. | | | ADDITIONS/ | CHANGES | · |
| TITLE | MGR | ☐ Delete | 111F | | | | ☐ Change | Addition |
| NAME Street address | BOSCHETTI, JOSE R 2901 S.W. 8TH STREET #204 | | NAM CTO | ET ADDRESS | | Hana | 00541615 | |
| City-St-Zip | MIAMI, FL 33135 | - | 1 | -ST-ZIP | | | 5-80063-014 | 50.00 |
| TITLE | MGR | ☐ Delete | TITL | E | | | ☐ Change | ☐ Addition |
| NAME | HERNANDEZ, OMAR A | | NAN | · · · · · · · · · · · · · · · · · · · | | | | |
| STREET ADDRESS CATY-ST-ZIP | 1200 PONCE DE LEON BLVD. 1ST FL | | | ET ADORESS -ST-ZIP | | | | |
| TITLE | CORAL GABLES, FL 33134 | Delete | 2127 | | | | C7.05 | CT 14/9/ |
| NAME | | LI Develo | NAM | 7 | | | ☐ Change | Addition |
| STREET ADDRESS | | | | ET ADORESS | | | | |
| City-St-ZIP | | | C(TY | - ST- ZIP | ·· | | | |
| TITLE | | Colete Delete | TRIL | - 1 | | | ☐ Change | Addition |
| NAME STREET ADDRESS | | | NAM | - 5 | | | | |
| CITY-ST-ZIP | | | | ET ADDRESS -SI-ZIP | | | | |
| TITLE | | ☐ Delete | THE | Ē. | | | Change | Addition |
| Name | | | NAM | E | | | | _ |
| STREET ADDRESS GHY-ST-ZIP | | | • | ET ADDRESS | | • | | |
| | | | + | -57-219 | | | | |
| TITLE NAME | | ☐ Belete | TITL | 5 | | | ☐ Change | Addition 🗌 |
| STREET ADDRESS | | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | | | | -ST-ZIP | | | | |
| www.cated | certify that the information supplied with on this report is true and accurate and bility company or the receiver the truster | that my signature shall have | ine sami | e legal ellect as il n | nada undar data. | inatiam a manan | rther certify that the infi ing member or manag | ormation er of the |

IGNATURE AND UPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE