

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064657

FILED
May 02, 2005
Secretary of State

Entity Name: RIVERGRASS HORIZONS, LLC

Current Principal Place of Business:

815 NORTH HOMESTEAD BLVD., SUITE 338
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

815 NORTH HOMESTEAD BLVD., SUITE 338
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 34-2014790 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

MALTES, MIRTA M
815 N. HOMESTEAD BLVD. #338
HOMESTEAD, FL 33030 US

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.

SIGNATURE: MIRTA M. MALTES

05/02/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MALTES, MIRTA M
Address: 815 NORTH HOMESTEAD BLVD., SUITE 338
City-St-Zip: HOMESTEAD, FL 33030

Title: ST () Delete
Name: MALTES, MIRTA M
Address: 815 NORTH HOMESTEAD BLVD., SUITE 338
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MIRTA M. MALTES

MGR.

05/02/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date