2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

SIGNATURE:

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Apr 26, 2005 8:00 am Secretary of State DOCUMENT # L04000065483 1. Entity Name 04-26-2005 90012 049 ****55.00 RIVERLAND ESTATES DEVELOPMENT, LLC Principal Place of Business Mailing Address 1215 SE 2ND AVENUE, SUITE 201 FORT LAUDERDALE FL 33316 1215 SE 2ND AVENUE, SUITE 201 FORT LAUDERDALE FL 33316 2. Principal Place of Business 1st MOORE CR2E083 (10/04) 4. FEI Number Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ISENBERG, WILLIAM S ESQ Street Address (P.O. Box Number is Not Acceptable) 1216 SE 1ST AVENUE FORT LAUDERDALE FL 33316 Zip Code FL 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, typed or printed name of registered agent and title 4 applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. Addition **MGRM** TITLE ☐ Delete TITLE NAME NAME PUJARA, PURVIN 1215 SE 2ND AVENUE, SUITE 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33316 CITY-ST-ZIP TITLE **MGRM** ☐ Detete TITLE MICHA, MICHAEL MAME STREET ADDRESS 1215 SE 2ND AVENUE, SUITE 201 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33316 CITY-ST-7(P TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Detete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ion 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 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 eccepter or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied with indicated on this report is true limited liability company or the

TED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED

FILED