

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90055 015 ****50.00

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DOCUMENT # L04000076594 1. Entity Name RIVER OAKS VILLAS, LLC					
Principal Place of Business 1600 SE 9TH STREET FORT LAUDERDALE, FL 33316 US			Mailing Address 1600 SE 9TH STREET FORT LAUDERDALE, FL 33316 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		4. FEL Number <div style="font-size: 1.5em; font-family: cursive;">20-1808799</div>			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ANGELO, BARRY & BANTA, P.A. 515 E LAS OLAS BLVD SUITE 850 FORT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name <u>NORMAN SCHWARTZ</u> Street Address (P.O. Box Number is Not Acceptable) <u>1600 S.E. 9th</u> City <u>FT. LAUDERDALE</u> FL <u>33316</u> 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 <u><i>Norman Schwartz</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <u>4-28-05</u> <small>(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 SCHWARTZ, NORMAN E 1600 SE 9TH STREET FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWARTZ, JOSHUA 1600 SE 9TH STREET FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWARTZ, JOSHUA 1600 SE 9TH STREET FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWARTZ, JOSHUA 1600 SE 9TH STREET FORT LAUDERDALE, FL 33316	<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: <u><i>Norman Schwartz</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE <u>4-28-05</u> <u>954-215-0436</u> <small>Date Daytime Phone #</small>		