2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

Principal Place of Business 300 NW 12TH AVENUE 300 NW 12 Avenue 30	DOCUMENT # L04000082109 1. Entity Name RIVER PLANTATION, LLC						05-02-2005	90110 003 ***1	50.00
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ALLEN, LOUISE J 200 EAST BROWARD BLVD., SUITE 1900 FT. LAUDERDALE, FL 33301 8. The above named entity submits this statement for the furpose 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 Signature, typeed or prelied finame of registered and like I epideable. (NOTE Registered Agent lignature required when rendating) Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 1ITLE NAME Sibley, Russell A., Jr. SIREEL ADDRESS CITY-ST-2P Miami, Florida 33128 CITY-ST-2P Change Addition NAME SIREEL ADDRESS CITY-ST-2P Miami, Florida 33128 CITY-ST-2P Miami, Florida 33128 CITY-ST-2P Change Addition NAME SIREEL ADDRESS CITY-ST-2P Miami, Florida 33128 CITY-ST-2P Miami, Florida 33128 CITY-ST-2P Change Addition NAME SIREEL ADDRESS CITY-ST-2P Miami, Florida 33128 CITY-ST-2P Miami, Florida 33128 CITY-ST-2P Miami, Florida 33128 CITY-ST-2P Change Addition NAME CITY-ST-2P Addition NA	Zip	Country	Zip	Count	try	5. Certificate	of Status Desired	□ \$5.00 Add	itional
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and lattle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	200 EAST BROWARD BLVD., SUITE 1900				Street Address (P.O. Box Number is Not Acceptable)				
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limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE