

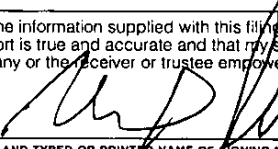


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90030 014 ****55.00

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|---|---|--|--|--|--|
| DOCUMENT # L05000010116 | | | |  | |
| 1. Entity Name SWERDLOW/RIVIERA BEACH PARTNERS, LLC | | | | | |
| Principal Place of Business 321 E HILLSBORO BLVD DEERFIELD BEACH, FL 33441 | | | Mailing Address 321 E HILLSBORO BLVD DEERFIELD BEACH, FL 33441 | | |
| 2. Principal Place of Business - No P.O. Box # 3390 Mary Street Suite, Apt. #, etc. Suite 200 City & State Coconut Grove, FL Zip 33133 | | 3. Mailing Address 3390 Mary Street Suite, Apt. #, etc. Suite 200 City & State Coconut Grove, FL Zip 33133 | |  | |
| Country USA | | Country USA | | 04162007 Chg-LLC CR2E083 (12/06) | |
| 4. FEI Number 20-2272767 | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent STOTZER, THEODORE R 321 E HILLSBORO BLVD DEERFIELD BEACH, FL 33441 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM BONEFISH PARTNERS, LLC 3390 MARY STREET, STE. 200 COCONUT GROVE, FL 33133 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM BONEFISH PARTNERS, LLC 3390 MARY STREET, STE. 200 COCONUT GROVE, FL 33133 | <input type="checkbox"/> Delete | | | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Bonefish Partners, LLC Michael Swerdlow, Pres | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |
| Date: 4/17/07 Daytime Phone #: (305) 476-0100 | | | | | |