


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90157 003 ****50.00

DOCUMENT # L05000029362 1. Entity Name MACRIGBY RIVER PROPERTIES, LLC	
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Principal Place of Business C/O 9000 SW 152ND ST, STE 102 MIAMI, FL 33157	Mailing Address C/O 9000 SW 152ND ST, STE 102 MIAMI, FL 33157
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2. Principal Place of Business 7450 SW 131 Street	3. Mailing Address PO Box 560945
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, Florida	City & State Miami, Florida	4. FEI Number 05-0619932
Zip 33156	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required



01032006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent BROWN, B. MACKAY ESQ C/O WHITE & BROWN, P.A. 9000 SW 152ND ST, STE 102 MIAMI, FL 33157	7. Name and Address of New Registered Agent Name B. Mackay Brown (same) Street Address (P.O. Box Number is Not Acceptable) 7450 SW 131 Street City, Miami FL Zip Code 33156
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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 _____

Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME GOULBOURNE, RICHARD STREET ADDRESS 8264 SW 176TH TERR CITY-ST-ZIP MIAMI, FL 33157	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 7450 SW 131 Street CITY-ST-ZIP Miami, Florida 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGR NAME BROWN, B. MACKAY STREET ADDRESS 9000 SW 152ND ST, STE 102 CITY-ST-ZIP MIAMI, FL 33157	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: B. Mackay Brown 1/27/06 305-259-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #