


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90320 037 ****50.00

DOCUMENT # L05000029362		
1. Entity Name MACRIGBY RIVER PROPERTIES, LLC		
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
2. Principal Place of Business - No P.O. Box # 7450 S.W. 131 STREET		3. Mailing Address P.O. BOX 560945
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State PINECREST, FL		City & State PINECREST, FL
Zip 33156	Country USA	Zip 33256-0945 Country USA
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 Street Address (P.O. Box Number is Not Acceptable) 7450 SW 131 STREET City PINECREST FL Zip Code 33156
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.		



01272007 Chg-LLC CR2E083 (12/06)

4. FEI Number 05-0619932	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**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	MGR GOULBOURNE, RICHARD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8264 SW 176TH TERR	NAME	
STREET ADDRESS	MIAMI, FL 33157	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, B. MACKAY	NAME	
STREET ADDRESS	7450 SW 131 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33156	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 4/15/07 305-259-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #