2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 13, 2006 8:00 am Secretary of State

DOCUMENT # L05000042809 1. Entity Name 1511 ON THE RIVER, L.L.C.						07-13-2006	90081 0	16 ****50	0.00
Principal Place of Business 917 SW 122 AVENUE MIAMI, FL 33184		Mailing Address 917 SW 122 AVENUE MIAMI, FL 33184			1488(1813 811 8	BIGI 8314 8841 8811 881	II Ch ite Biole II		ISE: 111 ISE:
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06272006	Chg-LLC	CR2E	83 (11/05)		
City & State		City & State		4. FEI Number	77 55	47		pplied For at Applicable	
Zip	Country	Zip	Count	try	5. Certificate o	f Status Desired		\$5.00 Add Fee Required	fitional
6. Name	and Address of Current F	legistered Agent			7. Name and A	Address of New R	egistercd ،	Agent	
				Name					
SANTAYANA, RODOLFO 917 SW 122 AVENUE MIAMI, FL 33184		Street Add		Street Address (P.O. Box Number	is Not Acceptable	9)		
	Ŋ.			City			FL	Zip Code	e
The above named entite the obligations of regis		the purpose of changing its r	egistere	d office or register	red agent, or both	, in the State of Flo		familiar with,	and accept
SIGNATURE	or printed name of registered agent a	nd title if applicable (NOTE-	Registerer	d Agent signature required			DATE		
Signature typen									
Signature typed	 				when reinstating)		DATE		
Filing Fee i	s \$50.00	116		ge og ace	i when reinstating)		e check p	ayable to ent of State	e
Filing Fee i	s \$50.00	ns.	10.		when reinstating)		e check p a Departm	ent of State	е
Filing Fee i Due by Septer	s \$50.00 nber 6, 2006		10. TITLE NAME STREE		when reinstating)	Florida	e check p a Departm	ent of State	Addition
9. IIILE NAME STREET ADDRESS	s \$50.00 nber 6, 2006 MANAGING MEMBER ACAT ACAT Suc 135		10. TITLE NAME STREI CITY TITLE NAME STREI	E Et address -St-zip	when reinstating)	Florida	e check p a Departm	ent of State	
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	s \$50.00 mber 6, 2006 MANAGING MEMBER OF Santay 8 Sw 1354 any 1253	RS/MANAGERS Delete Delete Delete	10. TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE NAME STREE	E ET ADDRESS -ST-ZIP : E ET ADDRESS -ST-ZIP	when remstating)	Florida	e check p a Departm	ent of State	☐ Addition
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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: AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, WANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #