

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056587

FILED
Apr 21, 2006
Secretary of State

Entity Name: RIVERPARC AT DOWNTOWN TITUSVILLE, L.L.C.

Current Principal Place of Business:

782 N.W. 42ND AVE., STE. 555
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

782 N.W. 42ND AVE., STE. 555
MIAMI, FL 33126

New Mailing Address:

FEI Number: 20-3641794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBIN, JEFF E ESQ
1320 SOUTH DIXIE HIGHWAY, STE. 881
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CABRERA, ANTONIO J JR
Address: 782 N.W. 42ND AVE., STE. 555
City-St-Zip: MIAMI, FL 33126

Title: MGRM () Delete
Name: RUBIN, JEFF E
Address: 782 N.W. 42ND AVE., STE. 555
City-St-Zip: MIAMI, FL 33126

Title: MGRM () Delete
Name: GONZALEZ, RICARDO
Address: 782 N.W. 42ND AVE., STE. 555
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANTONIO J. CABRERA, JR.

MGRM

04/21/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date