

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075622

FILED
Jul 18, 2006
Secretary of State

Entity Name: RIVER SIDE - FANNING SPRINGS LLC

Current Principal Place of Business:

P.O. BOX 1121
RAMAT HASHARON 47111
ISRAEL, XX

New Principal Place of Business:

2525 PONCE DE LEON BOULEVARD
5TH FLOOR
CORAL GABLES, FL 33134 US

Current Mailing Address:

P.O. BOX 1121
RAMAT HASHARON 47111
ISRAEL, XX

New Mailing Address:

2525 PONCE DE LEON BOULEVARD
5TH FLOOR
CORAL GABLES, FL 33134 US

FEI Number: 98-0463483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

MICHAEL SPRITZER
2525 PONCE DE LEON BOULEVARD
5TH FLOOR
CORAL GABLES, FL 33134 US

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: MICHAEL SPRITZER

07/18/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ANCORI, EYAL
Address: P.O. BOX 1121
City-St-Zip: RAMAT HASHARON 47111, ISRAEL, XX

ADDITIONS/CHANGES:

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: EYAL ANCORI

MGR

07/18/2006

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