

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078930

FILED
Jul 06, 2006
Secretary of State

Entity Name: THE RIVER COMPANY, LLC

Current Principal Place of Business:

555 NE 15TH ST
STE 213
MIAMI, FL 33132 US

New Principal Place of Business:

Current Mailing Address:

555 NE 15TH ST
STE 213
MIAMI, FL 33132 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

JOHN C. DELLAGLORIA, PA
11200 NW 25TH STREET #125
DORAL, FL 33172 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PITTS, OTIS JR.
Address: 555 NE 15TH ST, STE 213
City-St-Zip: MIAMI, FL 33132 US

Title: MGR () Delete
Name: WALLACE, WILLIAM IV
Address: 555 NE 15TH ST, STE 213
City-St-Zip: MIAMI, FL 33132 US

Title: MGR () Delete
Name: EBERZ, PAUL
Address: 555 NE 15TH ST, STE 213
City-St-Zip: MIAMI, FL 33132 US

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: PITTS JR., OTIS

MGR

07/06/2006

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