2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 28, 2009
Secretary of State

DOCUMENT# L05000119773

Entity Name: MIDDLE RIVER BUILDERS, LLC

Current Principal Place of Business:

2853 EXECUTIVE PARK DRIVE
SUITE 104
WESTON, FL 33331

New Principal Place of Business:

C/O DORIS CORTES, 3400 GALT OCEAN DR.
#1809-SOUTH
FORT LAUDERDALE, FL 33308

Current Mailing Address:

644 SOUTHEAST 4 AVENUE
FORT LAUDERDALE, FL 33301

New Mailing Address:

C/O DORIS CORTES, 3400 GALT OCEAN DR.
#1809-SOUTH
FORT LAUDERDALE, FL 33308

FEI Number: 20-3988003 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLDEN, E. SCOTT
644 SOUTHEAST 4TH AVENUE
FT LAUDERDALE, FL 33301 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: MGR ( ) Delete
Name: HERNANDEZ BOHMER, PABLO
Address: 2853 EXECUTIVE PARK DRIVE, SUITE 104
City-St-Zip: WESTON, FL 33331

Title: MGR ( ) Delete
Name: DE LIMA, FELIPE
Address: 2853 EXECUTIVE PARK DRIVE, SUITE 104
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES:

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 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: PABLO HERNANDEZ BOHMER MGR 07/28/2009

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