

**2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000119924

**FILED**  
**Jul 06, 2006**  
**Secretary of State****Entity Name:** MIDDLE RIVER OASIS, LLC**Current Principal Place of Business:**% RICHARD SEAMAN  
4660 W. HILLSBORO BLVD.  
COCONUT CREEK, FL 33073**New Principal Place of Business:****Current Mailing Address:**% RICHARD SEAMAN  
4660 W. HILLSBORO BLVD.  
COCONUT CREEK, FL 33073**New Mailing Address:****FEI Number:** 20-3913458**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SCIARRETTA, STEVEN A  
2799 NW BOCA RATON BLVD., STE. 203  
BOCA RATON, FL 33431 US**Name and Address of New Registered Agent:**SEAMAN, RICHARD  
4660 W HILLSBORO BLVD  
SUITE 8  
COCONUT CREEK, FL 33073 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:** RICHARD SEAMAN

07/06/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:****Title:** MGR ( ) Delete  
**Name:** SEAMAN, RICHARD  
**Address:** 4660 W. HILLSBORO BLVD.  
**City-St-Zip:** COCONUT CREEK, FL 33073**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:** RICHARD SEAMAN

MGR

07/06/2006

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