

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 21, 2008 8:00 am
Secretary of State

08-21-2008 90020 013 ***138.75

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DOCUMENT # L05000121303 1. Entity Name RIVER DRIVE PARTNERS, LLC					
Principal Place of Business 9665 WILSHIRE BLVD STE 200 BEVERLY HILLS, FL 90212			Mailing Address 9665 WILSHIRE BLVD STE 200 BEVERLY HILLS, FL 90212		
2. Principal Place of Business - No P.O. Box # <i>2000 Avenue of the Stars</i> Suite, Apt. #, etc. <i>11th Floor</i> City & State <i>Los Angeles, CA</i> Zip <i>90067</i>		3. Mailing Address <i>2000 Avenue of the Stars</i> Suite, Apt. #, etc. <i>11th Floor</i> City & State <i>Los Angeles, CA</i> Zip <i>90067</i>		07222008 Chg-LLC CR2E083 (12/06)	
Country <i>USA</i>		Country <i>USA</i>		4. FEI Number APPLIED FOR 95-4877055	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 515 EAST PARK AVE TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CANPARTNERS REALTY HOLDING COMPANY IV MIAM 9665 WILSHIRE BLVD BEVERLY HILLS, FL 90212 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM East coast Eateries, LLC 2000 Avenue of the Stars, 11th Floor Los Angeles, CA 90067 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			K. Robert Turner Managing Partner 7/22/08 (310) 272-1544 Date Daytime Phone #		