
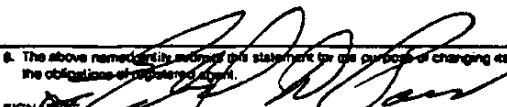
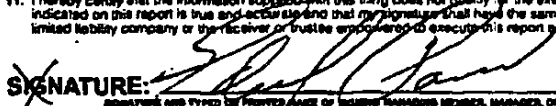


FILED
Jun 11, 2007 8:00 am
Secretary of State

04-09-2007 90360 001 ***200.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

| | | | |
|--|--|---|---|
| DOCUMENT # L06000005435 | |  | |
| 1. Entity Name MIAMI RIVER DEVELOPERS LLC | | | |
| Principal Place of Business 253 SOUTHWEST 22ND AVE. MIAMI, FL 33135 | | Mailing Address 253 SOUTHWEST 22ND AVE. MIAMI, FL 33135 | |
| 2. Principal Place of Business - No P.O. Box # 1871 NW North River Dr | | 3. Mailing Address 1871 NW North River Drive | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State MIAMI, FLA | | City & State MIAMI, FLA | |
| Zip 33125 | Country USA | Zip 33125 | Country USA |
| 4. FEI Number 41-2237199 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PASCOE, EDWARD 1871 N.W. NORTH RIVER DRIVE MIAMI, FL 33125 | | 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, and/or 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  | | DATE | |
| Filing Fee is \$86.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MANAGER EDWARD D. PASCOE 1871 NW NORTH RIVER DRIVE MIAMI, FLORIDA 33125 <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 |
| 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 |
| 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 |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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:  | | DATE: 3/28/07 | Daytime Phone: 305-326-0060 x102 |

30010347

