


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000005838

1. Entity Name
 MIAMI RIVER LAND, L.L.C.



Principal Place of Business
 2600 SW 3RD AVENUE, SUITE 700
 MIAMI, FL 33129

Mailing Address
 2600 SW 3RD AVENUE, SUITE 700
 MIAMI, FL 33129

DO NOT WRITE IN THIS SPACE



01142008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4126687	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

GUZMAN & GUZMAN, P.A.
 9130 S. DADELAND BLVD., SUITE 1504
 C/O ALBERTO GUZMAN
 MIAMI, FL 33156

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

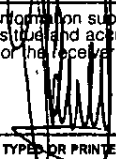
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BA INVESTMENT GROUP USA, CORP. 9130 S. DADELAND BLVD. #1504 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WINDMOORE PROPERTY, L.L.C. 2600 SW 3RD AVENUE, SUITE 700 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  *Miguel Angel Barbagallo* 2/13/08 (305) 859-9787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #