

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000009665

1. Entity Name
RIVERWALK DEVELOPMENT, LLC



Principal Place of Business
2950 S.W. 27TH AVENUE, SUITE 200
MIAMI, FL 33133

Mailing Address
2950 S.W. 27TH AVENUE, SUITE 200
MIAMI, FL 33133

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04182007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4203212	Applied For <input checked="" type="checkbox"/>
	Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired
 \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDONOUGH, BRIAN J
150 WEST FLAGLER STREET, 2200 MUSEUM TOWER
MIAMI, FL 33130

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.

Lloyd J. Boggio

SIGNATURE

Lloyd J. Boggio

(NOTE: Registered Agent signature required when remitting)

DATE

Filing Fee is \$50.00
Due by May 3, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*Mgr
Lloyd J. Boggio
2950 SW 27 AVE #200
MIAMI, FL 33133*

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*Mgr M
THE SAGRA LLC
2400 S. DIXIE Hwy
MIAMI, FL 33133*

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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Change Addition

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CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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 facutor or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Lloyd J. Boggio

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

30012153



05-08-2007 90110 047 ****55.00

**FILED
Aug 08, 2007 8:00 am
Secretary of State**