

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018958

Entity Name: LIOZNURIVER LLC

FILED
Jan 17, 2007
Secretary of State

Current Principal Place of Business:

3360 SOUTH OCEAN DRIVE
2A1
PALM BEACH, FL 33480

New Principal Place of Business:

511 SOUTH EAST 5TH AVE,
801
FORT LAUDERDALE, FL 33301

Current Mailing Address:

3360 SOUTH OCEAN DRIVE
2A1
PALM BEACH, FL 33480

New Mailing Address:

511 SOUTH EAST 5TH AVE.
801
FORT LAUDERDALE, FL 33301

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LIOZ, MICHAEL
3360 SOUTH OCEAN DRIVE
2A1
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

LIOZ, MICHAEL
3360 SOUTH OCEAN DRIVE
2AN
PALM BEACH, FL 33480 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:

01/17/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LIOZ, MICHAEL
Address: 3360 SOUTH OCEAN DRIVE
City-St-Zip: PALM BEACH, FL 33480 US

Title: MGRM () Delete
Name: LIOZ, CAROL
Address: 84 KNOLLWOOD WEST
City-St-Zip: ROSLYN, NY 11576 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LIOZ, MICHAEL
Address: 3360 SOUTH OCEAN DRIVE #2AN
City-St-Zip: PALM BEACH, FL 33480 US

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: MICHAEL LIOZ

MGRM

01/17/2007

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