

FILED
Mar 13, 2008 8:00 am
Secretary of State

02-14-2008 90076 037 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000075562			
1. Entity Name RIO VISTA APARTMENTS, LLC			
Principal Place of Business 155 SOUTH MIAMI AVENUE 850 MIAMI, FL 33130 US		Mailing Address 155 SOUTH MIAMI AVENUE 850 MIAMI, FL 33130 US	
2. Principal Place of Business No P.O. Box # 2828 Coral Way Suite, Apt. #, etc. 500		3. Mailing Address 2828 Coral Way Suite, Apt. #, etc. 500	
City & State Miami FL		City & State Miami FL	
Zip 33145		Country U.S.	
4. FEI Number APPLIED FOR 205308355		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COHEN, GARY J 201 SOUTH BISCAYNE BOULEVARD 1600 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Berman, Stephanie Street Address (P.O. Box Number is Not Acceptable) 2828 Coral Way # 500 City Miami FL Zip Code 33145	
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 <u>Stephanie Berman</u> DATE <u>1/24/08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P BERMAN, STEPHANIE 155 SOUTH MIAMI AVENUE, SUITE 850 MIAMI, FL 33130 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 2828 Coral Way # 500 Miami, FL 33145 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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 NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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TITLE NAME 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 receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes. SIGNATURE: <u>Stephanie Berman</u> DATE <u>1/24/08</u> 305 371-8300 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			