

4/18/2008-5

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Jun 23, 2008 8:00 am
Secretary of State

04-18-2008 90151 042 ***138.75

**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L07000015008			
1. Entity Name RILEA 40-44, LLC			
Principal Place of Business 1000 BRICKELL AVE. SUITE 1015 MIAMI, FL 33131		Mailing Address 1000 BRICKELL AVE. SUITE 1015 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-5439920		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		02182008 Chg-LLC CR2E063 (12/06)	
6. Name and Address of Current Registered Agent OJEDA, ALAN 1000 BRICKELL AVE. SUITE 1015 MIAMI, FL 33131		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 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 (Signature, typed or printed name of registered agent and this I apply to.)		DATE	
FILE NUMBER: PER IS \$138.75 After May 1, 2008 Fee will be \$838.75		Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGING PARTNER ALAN OJEDA 1000 BRICKELL AVE, STE 1015 MIAMI, FL 33131 ☐ 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 recipient or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		Feb 19 08	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

J00003730