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COVER LETTER

Division of Corporations				
RIVE ISLE ASSOCIATES LL	.C			
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Statement of Authority and fee(s) are	submitted for filing.			
Please return all correspondence concerning this ma	tter to the following	:		
DANIEL N. GONZALEZ, ESQ.				
Name of Person				
MELAND, RUSSIN & BUDWICK, P.A.				
Firm/Company				
200 SOUTH BISCAYNE BLVD, SUITE	3200			
Address				
MIAMI, FL 33131				
City/State and Zip Code				
dgonzalez@melandrussin.com				
E-mail address: (to be used for future annu	al report notification	n)		
For further information concerning this matter, please	se call:			
DANIEL N. GONZALEZ	305	358-6363		
Name of Person	Area Code	Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registrati Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 cc. Florida 32314		

Tallahassee, Florida 32301

TO: Registration Section

STATEMENT OF AUTHORITY

authority:	to section 605.0302(1), Florida Statutes, this limited liability company submits the follows: The name of the limited liability company is: RIVE ISLE ASSOCIATES LLC	ving statement of	
SECONI	D: The Florida Document Number of the limited liability company is: L1300010863	5	
THIRD:	The street address of the limited liability company's principal office is: 11820 Rive Isle Run, Parrish, FL 34219	- -	
- - -	The mailing address of the limited liability company's principal office is: 8200 NW 41st Street, Suite 200, Doral, FL 33166	-	
position of person on	H: This statement of authority grants or sets limitations of authority on all persons havin of a person in a company, whether as a member, transferee, manager, officer or otherwise the following: 1. May execute an instrument transferring real property held in the name of the compara. Granted to: ROY A. PREMER and/or ALEJANDRO	or to a specific	17 FC
	A. DUENAS, EACH ACTING ALONE OR JOINTLY b. No authority granted to:		20 M 12: 42
;	2. May enter into other transactions on behalf of, or otherwise act for or bind, the comp a. Granted to: ROY A. PREMER and/or ALEJANDRO A. DUENAS, EACH ACTING ALONE OR JOINTLY	pany.	
	b. No authority granted to:	- - -	
AKO	MULT SULMY ALEJANDRO A. DL		
oignature	of authorized representative Typed or printed name of Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	ii signaiure	

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