

FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
FILED**

1997 FEB 21 AM 12: 10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
\$ 203.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address
of Limited Liability Company **DOCUMENT # L96000000334**

RIVER BEND DEVELOPMENT, L.C.
% WORLDWIDE CORPORATE SERVICES, INC.
ONE FINANCIAL PLAZA, SUITE 2626
FT. LAUDERDALE FL 33394

1a. Principal Place of Business Address

% WORLDWIDE CORPORATE SERVICE
ONE FINANCIAL PLAZA, SUITE 26
FT. LAUDERDALE FL 33394

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business ONE FINANCIAL PLAZA Suite, Apt. #, etc. SUITE 2626 City & State FORT LAUDERDALE, FL Zip 33394 Country USA		2a. Mailing Address ONE FINANCIAL PLAZA Suite, Apt. #, etc. SUITE 2626 City & State FORT LAUDERDALE, FL Zip 33394 Country USA		3. Date Organized or Qualified 03/26/1996 3a. State of Formation FL	
				4. FET Number 65-0658131 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent

WORLDWIDE CORPORATE SERVICES, INC.
ONE FINANCIAL PLAZA
SUITE 2626
FT. LAUDERDALE FL 33394

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
Zip Code
FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	GOLDENBERG, STEPHEN F	ONE FINANCIAL PLAZA, SUITE 2626, FORT LAUDERDALE, FL 33394	
MEM	GOLDENBERG, RICHARD M	ONE FINANCIAL PLAZA, SUITE 2626, FORT LAUDERDALE, FL 33394	

300002097023--9
-02/25/97--01110--013
****203.75 ****203.75

2/18/97 954/523-8307

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER **STEPHEN F. GOLDENBERG**

Date

Daytime Phone #