


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR -5 AM 11:28	
FILING FEE \$188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company M&M RIVER INVESTMENTS, L.C. 55 SW MIAMI AVE RD MIAMI FL 33130		DOCUMENT # L96000000944 <i>99-AP CM</i>		1a. Principal Place of Business Address 55 SW MIAMI AVE RD MIAMI FL 33130	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 09/04/1996 4. FEI Number 65-0691150 5. Date of Last Report 03/02/1998	
				3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent WEIDER, NORMAN S ESQ. 100 SE 2ND STREET STE 3910 MIAMI FL 33131			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 000002842690--E Suite, Apt. #, etc. -04/16/99 --01091--023 City FL Zip Code ****188.75 ****188.75		
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 _____ <small>(Registered Agent Accepting Appointment) (If Not, Registered Agent's initials must be used when not a director)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
	NGRM GUILLEN, MARIA M	419B ESPANOLA WAY		MIAMI BEACH FL	
	NGRM MIRALDA, ANTONI	419B ESPANOLA WAY		MIAMI BEACH FL	
	NGRM ZAPATA, CARLOS	150 LINCOLN ST., #4A		BOSTON MA	
	NGRM KOFF, MELISSA	88 WALTHAM STREET, #7		BOSTON MA	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: MONTSERRAT GUILLEN <i>[Signature]</i> 305-3731770					