

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90012 015 ***138.75

60027762



02272008 Chg-LLC CR2E083 (12/06)

| | | | | | |
|--|---|---|--|-------------------------------|--|
| DOCUMENT # M04000002654 1. Entity Name RIVER VILLAGE TOWER II LLC | | | | | |
| Principal Place of Business 3755 7TH TERRACE SUITE 301 VERO BEACH, FL 32960 | | | Mailing Address 3755 7TH TERRACE SUITE 301 VERO BEACH, FL 32960 | | |
| 2. Principal Place of Business - No P.O. Box # 4755 South Harbor Dr. | | 3. Mailing Address 4755 South Harbor Drive | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Vero Beach, FL | | City & State Vero Beach, FL | | 4. FEI Number 13-3398767 | |
| Zip 32967 | | Country | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| 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 | MGRM VERO BEACH ACQUISITION LLC 445 HAMILTON AVENUE, SUITE 1210 WHITE PLAINS, NY 10601 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes. | | | | | |
| SIGNATURE: <u>Patricia Iannotti</u> <u>Patricia Iannotti</u> <u>4/23/08</u> <u>772-794-4390</u> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | | | |

Assistant Controller