2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000002657

1. Entity Name
RIVER VILLAGE TOWER V LLC

Principal Place of Business	Mailing Address
100 S. BEDFORD ROAD MT. KISCO, NY 10549	100 S. BEDFORD ROAD MT. KISCO, NY 10549

DO NOT WRITE IN THIS SPACE

03302006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
13-3398767	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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 title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	VERO BEACH ACQUISITION LLC
STREET ADDRESS	100 S. BEDFORD ROAD
CITY-ST-ZIP	MT. KISCO, NY 10549
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000496528
04/22/06--80016--015 50.00

DO NOT WRITE IN THIS SPACE

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: _Patricia Iannott_   Patricia Iannott.   3/31/06   772-794-4390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #