



FILED
May 04, 2007 8:00 am
Secretary of State

04-17-2007 90248 045 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

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30006903

DOCUMENT # M06000000189					
1. Entity Name AW RIVER LANDING, LLC					
Principal Place of Business 1200 S. ROGERS CIRCLE, SUITE 11 BOCA RATON, FL 33487			Mailing Address 1200 S. ROGERS CIRCLE, SUITE 11 BOCA RATON, FL 33487		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 204580937	
5. Certificate of Status Desired <input type="checkbox"/>				Appbed For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01052007 Chg-LLC CR2E083 (12/06)	
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WELTMAN, LOUIS S 3205 NW 62 STREET BOCA RATON, FL 33496			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALBANESE, LEONARD		NAME		
STREET ADDRESS	1200 S. ROGERS CIRCLE, SUITE 11		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33487		CITY - ST - ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WELTMAN, LOUIS S		NAME		
STREET ADDRESS	3205 NW 62 STREET		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33496		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: 		Manager		1-19-07 561-994-1375	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

s/1/07