


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

RECEIVED
April 14, 2008 08:00 AM
Secretary of State

DOCUMENT # A32240

1. Entity Name
RIVIERA APTS, LTD.



Principal Place of Business Mailing Address

**1666 KENNEDY CAUSEWAY, SUITE 505
N. BAY VILLAGE FL 33141** **1666 KENNEDY CAUSEWAY, SUITE 505
N. BAY VILLAGE FL 33141**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

State, Apt. #, etc. State, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E003 (10/07)

6. Name and Address of Current Registered Agent

**SALAND, ROBERT F
1666 KENNEDY CAUSEWAY, SUITE 505
N. BAY VILLAGE FL 33141**

4. FEI Number Applied For

65-0328307 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

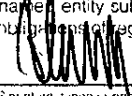
7. Name and Address of New Registered Agent

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  DATE **4/8/08**

Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! Fee is \$500.*. After May 1, 2008, fee will be \$900.***. Make check payable to Florida Department of State.**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	S95034	STREET ADDRESS	
NAME	A.L. RIVIERA, INC.	CITY-ST-ZIP	
STREET ADDRESS	1666 KENNEDY CAUSEWAY, SUITE 505		U00000898623
CITY-ST-ZIP	N. BAY VILLAGE FL 33141		04/28/08-80004-008 508.75
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **Robert Saland** **4/8/08** **(305) 538-9552**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone # **ext. 108**

STAPLE CHECK HERE