2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95 000 000 305

1. Entity Name
RIVERIA CLUB LTD

FILED
01 MAY -2 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
ATTN NICK BOTO	ATTN - Nick Boto

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
ONE S. OCEAN Blvd	ONE S. OCEAN Blvd
Suite, Apt. #, etc.: Suite 204	Suite, Apt. #, etc.: STE 204
City & State: Boca Raton, Florida	City & State: Boca Raton Florida
Zip: 33432 Country: USA	Zip: 33432 Country: USA

4. FEI Number: 65-0556704 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EISINGER, DENNIS PHILLIPS, EISINGER, KUSY ROSENFELDT 4000 Hollywood Blvd., STE 265 South Hollywood FL 33021	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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record: 3,258,856

10. Amount of Capital Contributions in FLORIDA to date.

MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FILING INFORMATION

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 #			
NAME	RIVERIA CLUB, INC.		
STREET ADDRESS		STREET ADDRESS	ONE S. OCEAN Blvd Suite 204
CITY-ST-ZIP	DOC P95 000007961	CITY-ST-ZIP	Boca Raton, Florida 33432
DOCUMENT #			
NAME			
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #			
NAME			
STREET ADDRESS		STREET ADDRESS	200004301622--7
CITY-ST-ZIP		CITY-ST-ZIP	-05/23/01--01016--003 ****535.00 ****535.00
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E043 (1/00)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/01 Date

561 416 2699 Daytime Phone #