

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A97000 000 637**

1. Entity Name  
**RIVERIA CLUB II LTD**

**FILED**

**01 MAY -2 PM 12:03**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address  
**ATTN - NICK BOYD**

2. Principal Place of Business 3. Mailing Address  
**27115 OCEAN DR A1A ONE S. OCEAN Blvd**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**STR. 204**

DO NOT WRITE IN THIS SPACE

City & State City & State  
**Hollywood Florida Boca RATON Florida**  
Zip Country Zip Country  
**33019 USA 33432 USA**

4. FEI Number Applied For  
**65-0740319** Not Applicable

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

6. Name and Address of Current Registered Agent  
**PHILLIPS, EISINGER, KASS & ROSENFELD, P.A.**  
**4000 Hollywood Blvd, Suite 265-S**  
**Hollywood, FL 33021**  
**ATTN DENNIS EISINGER**

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.

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. **4,550,000**

10. Amount of Capital Contributions in FLORIDA to date.


**TAKE CHECK PAYABLE TO ORDER FROM STATE  
SEE REVERSE SIDE FOR FEE 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>RIVERIA CLUB INC DOL 995600007961</b>
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>ONE S. OCEAN Blvd STE 204</b>
CITY-ST-ZIP	<b>BOCA RATON Florida 33432</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>300004301623--4</b>
CITY-ST-ZIP	<b>05/23/01--01016--010 ****535.00 ****535.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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

Date: **4/30/01** Daytime Phone #: **561-416-2089**

CR2E003 (11/00)