2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

SIGNATURE:

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A97000000637 1. Entity Name 06 APR 24 AM 8: 39 RIVIÉRA CLUB II, LTD. Mailing Address Principal Place of Business ONE S. OCEAN BLVD., STE. 204 2711 S. OCEAN DRIVE A1A HOLLYWOOD, FL 33019 ATTN: NICK BOYD BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052006 Chg-LP CR2E003 (11/05) Applied For City & State City & State 4. FEI Number 65-0740319 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EISINGER, BROWN, LEWIS & FRANKEL, P.A. EISINGER, DENIS Street Address (P.O. Box Number is Not Acceptable) PHILLIPS, EISINGER, KOSS & ROSENFELDT 4000 HOLLYWOOD, STE, 265 SOUTH # 265-Swth HOLLYWOOD, FL 33021 Holywood Blvd. 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 ANDREW I. LEWIS, ESO., Secy SIGNATURE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # P95000007961 STREET ADDRESS RIVIERA CLUB, INC. NAME ONE S. OCEAN BLVD., STE. 204 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 100074704111 05/17/06--01008--029 **500.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 trustegyern powered to execute this report as required by Chapter 620, Florida Statutes MARK ISSENHAN

PRINTED NAME OF SIGNING GENERAL PARTNER

FILED