


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90111 016 ****50.00

DOCUMENT # L05000101139 1. Entity Name NEW RIVIERA NURSING & REHABILITATION CENTER, L.L.C					
Principal Place of Business 6901 YUMURI STREET CORAL GABLES, FL 33146 US			Mailing Address 430 GERRARD STREET COVINGTON, KY 41011 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 430 Garrard Street Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-3616113	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent STACEY, RICHARD E 899 NW 4TH STREET MIAMI, FL 33128			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 _____ (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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM STACEY, RALPH L JR 430 GARRARD STREET COVINGTON, KY 41011 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STACEY, RICHARD E 899 NW 4TH STREET MIAMI, FL 33128 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GAWNE, MATTHEW 430 GARRARD STREET COVINGTON, KY 41011 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> Ralph L. Stacey, Jr. President			Date 4/23/07 859-292-8880 <small>Daytime Phone #</small>		