

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 30 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000003443

1. Entity Name
FIRST RIVIERA HOLDINGS L.L.C.

Principal Place of Business Mailing Address
505 SOUTH FLAGLER DRIVE, SUITE 606 **505 SOUTH FLAGLER DRIVE, SUITE 606**
WEST PALM BEACH FL 33401 **WEST PALM BEACH FL 33401-5945**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
777 S. Flagler Dr. **777 S. Flagler Dr.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 1100 **Suite 1100**
 City & State City & State
West Palm Beach, FL **West Palm Beach, FL**
 Zip Country Zip Country
33401 **USA** **33401** **USA**

4. FEI Number Applied For
65-0925246 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
WOERNER, LESTER J
505 SOUTH FLAGLER DRIVE, SUITE 606
WEST PALM BEACH FL 33401

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--------------------------|------------------------------------|--------------------------|---------------------------------|
| MGR | WOERNER MANAGEMENT, INC. | 505 SOUTH FLAGLER DRIVE, SUITE 606 | WEST PALM BEACH FL 33401 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

10. ADDITIONS/CHANGES

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|--------------------------------|---------------------------|--|-----------------------------------|
| | | 777 S. Flagler Dr., Suite 1100 | West Palm Beach, FL 33401 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | 700003258577--3 | -05/19/00--01010--012 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | *****50.00 | *****50.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

11. 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 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: *Signature Required* Date: 4/26/00 Daytime Phone #: (561) 835-3747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (9/99)