

2001 UNIFORM BUSINESS REPORT (UBR)

0013968 AF

DOCUMENT # L99000003443

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

FILED
01 MAY -1 PM 5: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business PHILLIPS POINT EAST TOWER, SUITE 1100 777 SOUTH FLAGLER DR. WEST PALM BEACH FL 33401	Mailing Address PHILLIPS POINT EAST TOWER, SUITE 1100 777 SOUTH FLAGLER DR. WEST PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0925246		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> - \$5.00 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent WOERNER, LESTER J 505 SOUTH FLAGLER DRIVE, SUITE 606 777 S. FLAGLER DRIVE, SUITE 1100 WEST PALM BEACH FL 33401				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MEMBERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOERNER MANAGEMENT, INC. 777 SOUTH FLAGLER DRIVE, SUITE 606 WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100004271921-0 -05/18/01-01115-005 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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]* **F. D. DAVIS, JR.** **4/27/01** **(561) 855-3147**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)