


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000078756</b> 1. Entity Name LE RIVAGE REALTY, INC.		
Principal Place of Business 7777 GLADES RD SUITE 310 BOCA RATON, FL 33434	Mailing Address 7777 GLADES RD SUITE 310 BOCA RATON, FL 33434	
<b>DO NOT WRITE IN THIS SPACE</b>		
		01032005 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-1043795
		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  SCHMIER, ROBERT J 7777 GLADES RD SUITE 310 BOCA RATON, FL 33434		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000343983 04/29/05-80119-014 158.75
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GREENBERG, LEOANRD E 11500 EL CLAIR RANCH ROAD BOYNTON BEACH, FL 33437	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SCHMIER, ROBERT 7777 GLADES RD SUITE 310 BOCA RATON, FL 33434	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD FEURRING, DOUGLAS R 7777 GLADES RD SUITE 310 BOCA RATON, FL 33434	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP REGISTER, ROXANNE 7777 GLADES RD, #310 BOCA RATON, FL 33434	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with an other like empowered.		
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Robert J. Schmier, Pres.	April 28, 2005	561-483-8400 <small>Daytime Phone #</small>