

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 25, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # A01000000242**

1. Entity Name  
LA RIVE, LTD.



Principal Place of Business  
3201 WEST GRIFFIN ROAD, SUITE 106  
FORT LAUDERDALE, FL 33312

Mailing Address  
3201 WEST GRIFFIN ROAD, SUITE 106  
FORT LAUDERDALE, FL 33312



04242006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1082361

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DECKELBAUM, BRADLEY  
3201 WEST GRIFFIN ROAD, SUITE 106  
FORT LAUDERDALE, FL 33312

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

1000000539520

04242006-00128-003 500.00

**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.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT # P01000017715  
NAME LA RIVE, INC.  
STREET ADDRESS 3201 WEST GRIFFIN ROAD, SUITE 106  
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/21/06 (954) 965-3636

STAPLE CHECK HERE