#### 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

#### DOCUMENT # A01000000242

1. Entity Name LA RIVE, LTD.

Principal Place of Business



Mailing Address

3201 WEST GRIFFIN ROAD, SUITE 106 FORT LAUDERDALE, FL 33312 3201 WEST GRIFFIN ROAD, SUITE 106 FORT LAUDERDALE, FL 33312 FILED
May 03, 2007 08:00 AM
Secretary of State



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04272007 No Chg-LP

CR2E003 (12/06)

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

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<ol><li>The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.</li></ol>	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title it applicable	DATE
FILE NOWIN FEE IS \$500.00	

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00

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.

GENERAL PARTNER INFORMATION 12. P01000017715 DOCUMENT # LA RIVE, INC. NAME STREET ADDRESS 3201 WEST GRIFFIN ROAD, SUITE 106 CITY-ST-ZIP FORT LAUDERDALE, FL 33312 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP

000000760425 05/25/07-80012-002 500.00

# DO NOT WRITE 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:

DOCUMENT /
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT /
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/07 (954)965-3636