


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 5, 2007**

DOCUMENT # A06000000405	
1. Entity Name RIVERO HOLDINGS LLLP	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 AUG 13 PM 4:29

Principal Place of Business 280 NE 89 STREET MIAMI SHORES FL 33138	Mailing Address 280 NE 89 STREET MIAMI SHORES FL 33138
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

2nd MOORE CR2E003 (4/07)

4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
ANTUNEZ, JUAN C ESQ. ONE SE 3RD AVENUE SUITE 1750 MIAMI FL 33131		
7. Name and Address of New Registered Agent		
Name Cezare Rivero		
Street Address (P.O. Box Number is Not Acceptable) 280 NE 89 ST		
City El Portal FL Zip Code 33138		

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 _____

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited partnership certifies it did not receive prior notice. Fee to file is \$500.00.

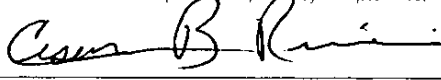
File Now!!! Fee is \$900.00 • Due By September 5, 2007

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	RIVERO, CESAR B	STREET ADDRESS	
NAME	600 E. 42 STREET	CITY-ST-ZIP	200108709372
STREET ADDRESS	HALEAH FL 33013		08/28/07--01038--014 **508.75
CITY-ST-ZIP			
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CITY-ST-ZIP			

BLT

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:  8/4/07 786-663-8877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE