

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

**FILED**

2007 MAY 10 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03262007 Chg-LP CR2E003 (12/06)

<b>DOCUMENT # A07000000002</b> 1. Entity Name RIVIERA AVENUE P, LLLP					
Principal Place of Business C/O HUNT & GROSS, P.A. 2200 N.W. CORPORATE BLVD., #401 BOCA RATON, FL 33431			Mailing Address C/O HUNT & GROSS, P.A. 2200 N.W. CORPORATE BLVD., #401 BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">20-4065964</div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HCRM CORP. 2200 N.W. CORPORATE BLVD., #401 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L04000009901 CHRIS O'CONNOR, LLC 2200 N.W. CORPORATE BLVD., #401 BOCA RATON, FL 33431		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ENGLISH, DENIS 2200 N.W. CORPORATE BLVD., #401 BOCA RATON, FL 33431		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HURLEY, LIAM 2200 N.W. CORPORATE BLVD., #401 BOCA RATON, FL 33431		STREET ADDRESS CITY-ST-ZIP		
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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: <i>Chris O'Connor</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			4/10/07 954-729-3360 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE

*gls*

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