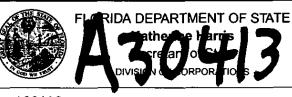
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



SECRETARY OF STATE. DIVISION OF COMPORATIONS

00 MAY 16 AM-10: 00

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A30413

RIVIERA PLAZA, LTD.

4/10/98

SK 5/16.

					7 H O 1		
2. Principal Office Address 10001 N. Tamiami Tr.		3. Mailing Offi Sam		4. Date Formed or Registered To Do Business in Florida	7/23/90		
Suite, Apt. #, etc.		Suite, Apt. #, e	c.	<b>5.</b> FEI Number 65-0251505	Applied For Not Applicable		
City & State Naples, FL		City & State		6. CERTIFICATE OF STATUS DESIRED	6. CERTIFICATE OF STATUS DESIRED \$\square\text{S8.75}\$ Additional Fee required for a Certificate of Status		
Zip	Country	Zip	Country	<b>7a.</b> Capital Contributions as shown \$600,0			
	8. Name and Addres	s of Current Registe	red Agent		<b>7b.</b> Amount of Capital Contributions in <b>FLORIDA</b> to date: \$600,000		
Name Naples-Lawdock, Inc.  Street Address (P.O. Box Number is Not Acceptable)			1.) Filing Fee(s): Computed at a rate of in 7b, with a minimum filing fee of \$	1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.			
	4501 Tamiami Trail	N.		<del></del>	2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning		
Suite, Apt. #, Etc. Suite 300		with 1992 calendar year.					
	Suite 300				·		
City	Naples		State Zip Code 34103	7a, a supplemental affidavit must b and appropriate filing fee.	Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.		
for the p	nt to the provisions of sections 620.1051 and ourpose of changing its registered office or i am familiar with, and accept the obligations	egistered agent, or both, of section 620.192, Florid Naples—La	in the State of Florida. Such change of Statutes. Voca R. Inc.	ship organized or registered under the laws of the Sta e was authorized by its general partner(s). I hereby ac	ccept the appointment of registered		
SIGNATURE	(Registered Agent Accepting Appointment)	By / ///	////	/Leo J. Salvatori, Pras.	. 5/11/00		
A GE	NERAL PARTNER THA	T IS A CORP ST BE REGIS	ORATION, LIMITED TERED AND ACTI	PARTNERSHIP OR OTHER VE WITH THIS OFFICE.	R BUSINESS ENTITY		
10.	Name(s) of General Partner(s)		ess of Each General Partner Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number		
Winf	ield & Associates	10001	N. Tamiami Tr	Naples, FL 34108	<u>G00138900002</u>		
	ADM- 2,50	72.50		-05/17/	2551639 70001005002 61.25 ***2061.25		
	AR 43	7.50		2000032	2551639 0001005003		
	ARSUPP 8	体扩		***112			
	42 10	8.15	REMSTA	TEMENT 1998-20	000		
	1 JUS	7.50			1 (M/C)		
Note:	General partners MAY NO	OT be changed	on this form: an an	nendment must be filed to cha	nge∖a general partner. ∣		

11. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Typed or Printed Name of General Partner Signing Form DATE \_5/11/00

Telephone Number