
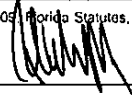
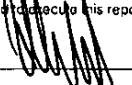


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| LIMITED PARTNERSHIP REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
|--|--|---|-----------------------------------|
| DOCUMENT # | | A32240 | |
| 1. Name of Limited Partnership | | RIVIERA APTS, LTD. | |
| 2. Principal Office Address | | 3. Mailing Office Address | |
| 1666 Kennedy Causeway | | 1666 Kennedy Causeway | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| Suite 505 | | Suite 505 | |
| City & State | | City & State | |
| N. Bay Village, FL | | N. Bay Village, FL | |
| Zip | Country | Zip | Country |
| 33141 | US | 33141 | US |
| 4. Date Formed or Registered To Do Business in Florida 10/25/1989 | | | |
| 5. FEI Number | | Applied For | |
| 65-0161793 | | Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | \$8.75 Additional Fee required for a Certificate of Status | |
| 7. FEES: | | | |
| Filing Fee(s): \$411.25 for each year due this office. | | | |
| Supplemental Fee(s): \$88.75 for each year due this office. | | | |
| Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records | | | |
| 8. Name and Address of Current Registered Agent | | | |
| Name | | | |
| Robert F. Saland | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | |
| 1666 Kennedy Causeway, Suite 505 | | | |
| Suite, Apt. #, Etc. | | | |
| City | | | |
| North Bay Village | | | |
| State | | | |
| FL | | | |
| Zip Code | | | |
| 33141 | | | |
| 9. Pursuant to the provisions of section 620.1810 or 620.1905, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes. | | | |
| SIGNATURE (Registered Agent Accepting Appointment)  (REGISTERED AGENT MUST SIGN) DATE 7/20/06 | | | |
| A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. | | | |
| 10. Name(s) of General Partner(s) | Address of Each General Partner (Do NOT Use Post Office Box Numbers) | City, State and Zip Code | 10a. Registration Document Number |
| A.L. Riviera, Inc. | 1666 Kennedy Causeway Suite 505 | N. Bay Village, FL 33141 | S95034 |
| Riviera Housing Corp. | 313 Congress Street | Boston, MA 02210 | F92000000061 |
| REINSTATEMENT 2006-2006 | | | |
| Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. | | | |
| 11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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  DATE 7/20/06 | | | |
| Typed or Printed Name of General Partner Signing Form Robert Saland Partner A.L. Riviera Inc. Telephone Number 305-5384552 | | | |