


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # A32240 1. Entity Name RIVIERA APTS, LTD.	
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Principal Place of Business 1666 KENNEDY CAUSEWAY, SUITE 505 N. BAY VILLAGE FL 33141	Mailing Address 1666 KENNEDY CAUSEWAY, SUITE 505 N. BAY VILLAGE FL 33141
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E003 (10/06)

4. FEI Number 65-0161793	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SALAND, ROBERT F 1666 KENNEDY CAUSEWAY, SUITE 505 N. BAY VILLAGE FL 33141	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

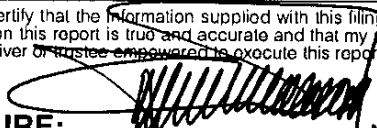
FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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 # NAME STREET ADDRESS CITY - ST - ZIP	S95034 A.L. RIVIERA, INC. 1666 KENNEDY CAUSEWAY, SUITE 505 N. BAY VILLAGE FL 33141	STREET ADDRESS CITY - ST - ZIP	U000000712965 04/26/07-80065-001 500.00
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	F92000000061 RIVIERA HOUSING CORP. 313 CONGRESS STREET BOSTON MA 02210	STREET ADDRESS CITY - ST - ZIP	
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STAPLE CHECK HERE

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:  **Robert Saland** **3/9/07**

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