

**08 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

DOCUMENT # A32240

1. Entity Name

RIVIERA APTS, LTD.



RECEIVED
APR 14, 2008 08:00 AM
Secretary of State

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E003 (10/07)

4. FEI Number

65-0328307

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALAND, ROBERT F
1666 KENNEDY CAUSEWAY, SUITE 505
N. BAY VILLAGE FL 33141

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2008, 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 # S95034
NAME A.L. RIVIERA, INC.
STREET ADDRESS 1666 KENNEDY CAUSEWAY, SUITE 505
CITY-ST-ZIP N. BAY VILLAGE FL 33141

STREET ADDRESS

CITY-ST-ZIP

000000898623

04/28/08-80004-008 508.75

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

ext. 108

4/10/08 (305) 538-9552

STAPLE CHECK HERE