300000000178

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000166725 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)222-9428

LC 08/16/04

RECEIVED
04 AUG 13 PM 4:16

FILED
04 AUG 13 AM 8:54
SECRETARY OF STATE
DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

RIVIERA ASSOCIATES LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$35.00

Electronic Filing Menu Corporate Filing Public Access Help

2p

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership organized under the laws of the state of Michigan, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Riviera Associates Limited Partnership
Name of the limited partnership

2. 06/13/2000
Date of filing/registration in Florida

3. B00000000178
Document number assigned

4. The name and address of the present registered agent and office:

David D. Eastman

2155 Delta Blvd., Suite 210B

Tallahassee, Florida 32303

5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida 33324

Such change was authorized by the general partners.

Signature of General Partner

4-15-04
Date

04 AUG 13 PM 8:54
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FILED

Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Claudia L Saari
Registered Agent signature

8/13/04
Date

Claudia L. Saari
Asst. Secretary

Filing Fee: $35.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

DOE2004(3/95)

04 AUG 13 AM 8:54
DIVISION OF CORPORATIONS
SECRETARY OF STATE
TALLAHASSEE, FLORIDA