

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B00000000178

1. Entity Name
RIVIERA ASSOCIATES LIMITED PARTNERSHIP



FILED

03 APR 10 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
31550 NORTHWESTERN, SUITE 110
FARMINGTON HILLS MI 48334

Mailing Address
31550 NORTHWESTERN, SUITE 110
FARMINGTON HILLS MI 48334



2. Principal Place of Business
31200 NORTHWESTERN HWY. 31200 NORTHWESTERN HWY.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
FARMINGTON HILLS MI FARMINGTON HILLS MI

4. FEI Number 33-3533532

Applied For

Not Applicable

Zip 48334 Country USA

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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

EASTMAN, DAVID D ESQ.
2155 DELTA BLVD., SUITE 210-B
TALLAHASSEE FL 32303

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.

500015647855
04/10/03--01056--013 **526.25
DATE

9. Capital Contributions as Shown on record. \$2,900,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # M00000001139
NAME RIVIERA GP, LLC
STREET ADDRESS 31550 NORTHWESTERN, SUITE 110
CITY-ST-ZIP FARMINGTON HILLS MI 48334

STREET ADDRESS 31200 NORTHWESTERN HWY.
CITY-ST-ZIP FARMINGTON HILLS MI 48334

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STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/20/03 28626-0737
Date Daytime Phone #

0018380 AB

CR2E003 (10/02)