

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 APR 30 AM 10: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # B06000000218**

1. Entity Name  
**VISTA-AJF RIVIERA, L.P.**



Principal Place of Business  
**1200 UNIVERSITY BOULEVARD STE 210**  
**JUPITER, FL 33458**

Mailing Address  
**1200 UNIVERSITY BOULEVARD STE 210**  
**JUPITER, FL 33458**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007

Chg-LP

CR2E003 (12/06)

4. FEI Number

☒ 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

**SMITH, LAWRENCE W**  
**701 U.S. HIGHWAY ONE STE 402**  
**NORTH PALM BEACH, FL 33408**

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 \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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 # **M05000001727**  
NAME **AJF RIVIERA GP, L.L.C.**  
STREET ADDRESS **1200 UNIVERSITY BOULEVARD STE 210**  
CITY-ST-ZIP **JUPITER, FL 33458**

STREET ADDRESS

CITY-ST-ZIP

**300101238803**  
**05/02/07--01052--020 \*\*500.00**

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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 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

**Nader Salour**

**4/13/07 561-624-8171**

Date

Daytime Phone #

STAPLE CHECK HERE