04/29/2002 14:32 8507692138 FRENCH & FRE

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90210 018 ****55.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014303

1. Entity Name: RIVIERA DEVELOPMENT, LLC

DO NOT WRITE IN THIS SPACE

961132

2. Principal Place of Business: 21504 FRONT BCH RD
Suite, Apt. #, etc.
City & State: PANAMA CITY, FL
Zip: 32413 Country: USA

3. Mailing Address: 510 KNIPP ROAD
Suite, Apt. #, etc.
City & State: HOUSTON, TX
Zip: 77024 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3702371 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: TOOLE, GREGORY C
Street Address (P.O. Box Number is Not Acceptable): 17921 FRONT BCH RD, #8
City: PANAMA CITY BEACH FL Zip Code: 32413

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.

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	TITLE	
NAME	TOOLE, GREGORY C.	NAME	
STREET ADDRESS	17921 FRONT BEACH RD.	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 323413	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Gregory C. Toole 4-29-02 850 234-2151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #