


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90051 033 \*\*\*138.75

<b>DOCUMENT # L02000012605</b> 1. Entity Name <b>RIVANN ASSOCIATES, L.L.C.</b>					
Principal Place of Business <b>8700 S.W. 88TH STREET SUITE 206 MIAMI, FL 33176</b>			Mailing Address <b>1836 MONTE CARLO WAY CORAL SPRINGS, FL 33071</b>		
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	04222008    Chg-LLC    CR2E083 (12/06)	
4. FEI Number <b>30-0079811</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WEINBERG, STEVEN W 7805 S.W. 6TH COURT C/O FRANK, WEINBERG &amp; BLACK, P.L. PLANTATION, FL 33324</b>			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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRP GOBSTEIN, HAROLD 1836 MONTE CARLO WAY CORAL SPRINGS, FL 33071</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRP CIANCIULLI, STEPHEN E 1581 BRICKEL AVE. T-206 MIAMI, FL 33129</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. 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 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.					
<b>SIGNATURE:</b> <i>Harold Gobstein</i> <b>HAROLD GOBSTEIN</b>			<b>4/24/08</b> <b>954 344 5149</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date    Daytime Phone #		