

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90809 024 ****50.00

DOCUMENT # L02000019671
1. Entity Name LA RIVA HOLDINGS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 440 NW 67 STREET Suite, Apt. #, etc. 203	3. Mailing Address 440 NW 67 STREET Suite, Apt. #, etc. 203
---	---

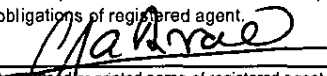
City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33487	Zip 33487
Country USA	Country USA

4. FEI Number 51-0418830	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name CARLOS LA RIVA	
Street Address (P.O. Box Number is Not Acceptable) 440 NW 67 STREET	
City BOCA RATON	State FL
Zip Code 33487	

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

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

9. MANAGING MEMBERS/MANAGERS			
TITLE PD	NAME CARLOS LA RIVA	TITLE	
STREET ADDRESS 440 NW 67 STREET SUITE 203	STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP BOCA RATON, FL 33487	CITY - ST - ZIP	CITY - ST - ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	

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:  _____ **CARLOS LA RIVA** **3/25/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)