FILED
Mar 05, 2004 8:00 am
Secretary of State
02-23-2004 90345 025 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000015266

1. Entity Name
RIVIERA BLUE, LLC

Principal Place of Business	Mailing Address
5380 NORTH OCEAN DRIVE, UNIT 5-B SINGER ISLAND, FL 33404	5380 NORTH OCEAN DRIVE, UNIT 5-B SINGER ISLAND, FL 33404

02092004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
5200 N. Ocean Drive	5200 N. Ocean Drive
Suite, Apt. #, etc.: #1005	Suite, Apt. #, etc.: #1005
City & State: Singer Island, FL	City & State: Singer Island, FL
Zip: 33404 Country: USA	Zip: 33404 Country: USA

4. FEI Number: 56-2350369 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SAUERBERG, ERIC M ESQ.
200 VILLAGE SQUARE CROSSING, SUITE 102
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

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] 2-16-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	President	☐ Delete
NAME	John E. Cannava	
STREET ADDRESS	5200 N. Ocean Dr. #1005	
CITY-ST-ZIP	Singer Island, FL 33404	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition

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: [signature] MANAGER 2/16/04 561-840-1776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #