

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040284

Entity Name: 733 RIVIERA, LLC

FILED
Jun 29, 2005
Secretary of State

Current Principal Place of Business:

4060 TAMIAMI TRAIL NORTH
NAPLES, FL 34103

New Principal Place of Business:

4060 TAMIAMI TRAIL NORTH
STE 1
NAPLES, FL 341033596

Current Mailing Address:

4060 TAMIAMI TRAIL NORTH
NAPLES, FL 34103

New Mailing Address:

4001 TAMIAMI TRAIL NORTH
STE 300
NAPLES, FL 341033591

FEI Number: 20-1571360 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COLEMAN, KEVIN G
4001 TAMIAMI TRAIL NORTH, SUITE 300
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

COLEMAN, KEVIN G
4001 TAMIAMI TRAIL NORTH, SUITE 300
STE 300
NAPLES, FL 341033591 US

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: _____

Electronic Signature of Registered Agent

06/29/2005

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COLEMAN, JAMES S
Address: 4060 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COLEMAN, JAMES S
Address: 4060 TAMIAMI TRAIL NORTH STE 1
City-St-Zip: NAPLES, FL 341033596

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAMES S COLEMAN

MGR

06/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date