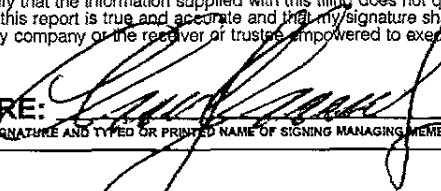


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000043802		
1. Entity Name RIVIERA CONCEPTS LLC		
Principal Place of Business C/O KAUFMANN, GALLUCCI & GRUMER LLP ONE BATTERY PARK PLAZA, 26TH FL NEW YORK, NY 10004	Mailing Address C/O KAUFMANN, GALLUCCI & GRUMER LLP ONE BATTERY PARK PLAZA, 26TH FL NEW YORK, NY 10004	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LEMOINE, CHARLES 5295 FLAGLER DR. 20-E WEST PALM BEACH, FL 33401		DO NOT WRITE IN THIS SPACE
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 (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEMOINE, CHARLES J 529 S. FLAGLER DR. WEST PALM BEACH, FL 33401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAUFMANN, ROBERT J ONE BATTERY PARK PLAZA NEW YORK, NY 10004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		
SIGNATURE: 		Date: 1/28/06 Daytime Phone #: 861 833 7467



01052006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1200711	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

1000000413708
02/11/06-80007-007 50.00