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	Mailing Address
C/O KAUFMANN, GALLUCCI & GRUMER LLP ONE BATTERY PARK PLAZA, 26TH FL NEW YORK, NY 10004	C/O KAUFMANN, GALLUCCI & GRUMER LLP ONE BATTERY PARK PLAZA, 26TH FL NEW YORK, NY 10004

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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

6. Name and Address of Current Registered Agent

LEMOINE, CHARLES
5295 FLAGLER DR. 20-E
WEST PALM BEACH, FL 33401

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

100008413703
02/11/06-80007-007 50.00

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LEMOINE, CHARLES J
STREET ADDRESS	529 S. FLAGLER DR.
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	MGR
NAME	KAUFMANN, ROBERT J
STREET ADDRESS	ONE BATTERY PARK PLAZA
CITY-ST-ZIP	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	

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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: _____ 1/25/06 561 833 7467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #