

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052990

FILED
Apr 29, 2009
Secretary of State

Entity Name: RIVIERA DRIVE, LLC

Current Principal Place of Business:

1153 BEACH BLVD
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

1921 DEWEY PLACE
JACKSONVILLE, FL 32207

Current Mailing Address:

PO BOX 51584
JACKSONVILLE BEACH, FL 32240

New Mailing Address:

1921 DEWEY PLACE
JACKSONVILLE, FL 32207

FEI Number: 20-1372191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

BLACKBURN, BRYAN
1921 DEWEY PLACE
JACKSONVILLE, FL 32207 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: BRYAN BLACKBURN

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: UNDERWOOD, HERGERT LEE JR
Address: 1153 BEACH BLVD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WOOTEN, THOMAS
Address: 403 TARPON AVENUE, UNIT 404
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGRM () Change (X) Addition
Name: HIGGINBOTHAM, ALBERT L
Address: P.O. BOX 1694
City-St-Zip: CALLAHAN, FL 32011

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: THOMAS WOOTEN

MGRM

04/29/2009

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