

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062378

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** RIVIERA HOME CONSULTANTS, LLC.

**Current Principal Place of Business:**

2850 NORTH ANDREWS AVENUE  
FT. LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

16159 SW 54 COURT  
MIRAMAR, FL 33027 US

**New Mailing Address:**

FEI Number: 20-2758796      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:**

**Name and Address of New Registered Agent:**

SARDUY, JOSEPH E  
16159 SW 54 COURT  
MIRAMAR, FL 33027 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

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SARDUY, JOSEPH E  
Address: 16159 SW 54 TH COURT  
City-St-Zip: MIRAMAR, FL 33027 US

Title: MGRM ( ) Delete  
Name: SARDUY, JACQUELINE A  
Address: 16159 SW 54 COURT  
City-St-Zip: MIRAMAR, FL 33027 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOSEPH E SARDUY

MGRM

05/01/2008

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