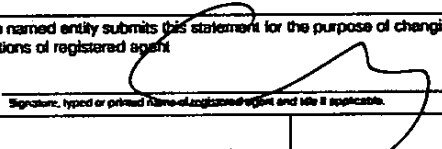
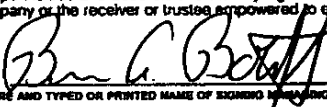


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90035 003 ***138.75

DOCUMENT # L04000069044			
1. Entity Name RIVIERA DUNES ESTATES, L.L.C.			
Principal Place of Business 1819 MAIN STREET, SUITE 610 SARASOTA, FL 34236		Mailing Address 1819 MAIN STREET, SUITE 610 SARASOTA, FL 34236	
2. Principal Place of Business - No P.O. Box # 608 West Horatio St.		3. Mailing Address 608 West Horatio St.	
Suite, Apt. # etc		Suite, Apt. #, etc	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33606-2228	Country US	Zip 33606-2228	Country US
4. FEI Number 20-2385620		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04232008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent NORTON, SAM D 1819 MAIN STREET, SUITE 610 SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Charles J. Bartlett, Esquire Street Address (P.O. Box Number is Not Acceptable) 2033 Main Street, Suite 600 City Sarasota FL Zip Code 34237	
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  Charles J. Bartlett, Esq. 4/30/08 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)) DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ASFUR, ANTHONY R ☒ Delete 130 RIVIERA DUNES WAY PALMETTO, FL 34221	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Member ☐ Change ☒ Addition Bruce A. Bottorff 715 Riviera Dunes Way, Palmetto, FL 34221
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ASFUR, SAMUEL J ☒ Delete 6021 MEDICI COURT SARASOTA, FL 34243	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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:  BRUCE A. BOTTORFF 4/29/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 4/29/08 Daytime Phone #	

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