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

05-01-2008 90035 003 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000069044

1. Entity Name
RIVIERA DUNES ESTATES, L.L.C.

60037524

04232008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
1819 MAIN STREET, SUITE 610 SARASOTA, FL 34236	1819 MAIN STREET, SUITE 610 SARASOTA, FL 34236

2. Principal Place of Business - No P O Box #		3. Mailing Address	
608 West Horatio St.		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: 20-2365620 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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 [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 reinstating) 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 130 RIVIERA DUNES WAY PALMETTO, FL 34221	XX ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Bruce A. Bottorff 715 Riviera Dunes Way, Palmetto, FL 34221	☐ Change XX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASFUR, SAMUEL J 6021 MEDICI COURT SARASOTA, FL 34243	XX ☒ 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
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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: [signature] BRUCE A. BOTTORFF 4/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #