

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081618

Entity Name: RIVIERA PROPERTY LLC

FILED
Jan 22, 2008
Secretary of State

Current Principal Place of Business:

595 S FEDERAL HIGHWAY
SUITE 600
BOCA RATON, FL 33432

New Principal Place of Business:

801 NE 71 STREET
BOCA RATON, FL 33487

Current Mailing Address:

595 S FEDERAL HIGHWAY
SUITE 600
BOCA RATON, FL 33432

New Mailing Address:

801 NE 71 STREET
BOCA RATON, FL 33487

FEI Number: 02-0733756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIIS, ANDREWS
595 S FEDEAL HWY #600
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

FRIIS, ANDREWS
801 NE 71 STREET
BOCA RATON, FL 33487 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: ANDREW FRIIS

01/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FRIIS, ANDREW M
Address: 595 S FEDERAL HIGHWAY #600
City-St-Zip: BOCA RATON, FL 33481

Title: MGRM () Delete
Name: CARTER, JOHN
Address: 131 NE 1ST AVENUE
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FRIIS, ANDREW M
Address: 801 NE 71 STREET
City-St-Zip: BOCA RATON, FL 33487

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: ANDREW FRIIS

MGRM

01/22/2008

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