AMENDED

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-20-2005 90035 029 ****50.00

DOCUMENT # L04000085455

1. Entity Name
RIVIERA A & D, LLC

FILED
05 MAY -4 AM 11: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
11891 U.S. HIGHWAY ONE SUITE 201 NORTH PALM BEACH, FL 33408	11891 U.S. HIGHWAY ONE SUITE 201 NORTH PALM BEACH, FL 33408

04132005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
399 N. CYPRESS DRIVE	399 N. CYPRESS DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TEQUESTA, FL	City & State: TEQUESTA, FL
Zip: 33469 Country: USA	Zip: 33469 Country: USA

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RYAN & RYAN ATTORNEYS, P.A.
11891 U.S. HIGHWAY ONE
SUITE 201
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name: BOURASSA, JOHN H.
Street Address (P.O. Box Number Is Not Acceptable): 399 N. CYPRESS DRIVE
City: TEQUESTA FL Zip Code 33469

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] John H. Bourassa 4/13/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOURASSE, JOHN 11891 U.S. HIGHWAY ONE, SUITE 201 NORTH PALM BEACH, FL 33408	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOURASSA, JOHN H. 399 N. CYPRESS DRIVE ~~TEQUESTA, FL 33469~~	☒ 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 exemption stated in Section 119.07(3)(i), 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] John H. Bourassa 4/13/05 561-746-5310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #