


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90364 006 ****50.00

DOCUMENT # L05000035158 1. Entity Name RIVIERA US 1 DEVELOPMENT, LLC					
Principal Place of Business 1390 S. DIXIE HIGHWAY 1105 CORAL GABLES, FL 33146 US			Mailing Address 1390 S. DIXIE HIGHWAY 1105 CORAL GABLES, FL 33146 US		
2. Principal Place of Business - No P.O. Box # 500 S. Dixie Hwy.		3. Mailing Address Suite, Apt. #, etc. Suite 307			
City & State Coral Gables, FL		City & State Coral Gables, FL		4. FEI Number 11-3748654	
Zip 33146		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITE, HAROLD D 1390 S. DIXIE HIGHWAY 1105 CORAL GABLES, FL 33146			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500 S. Dixie Hwy. Suite 307 City Coral Gables FL Zip Code 33146		
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 <u><i>Harold White</i></u> DATE <u>5-7-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)</small>					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, HAROLD D 1390 S. DIXIE HIGHWAY, SUITE 1105 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 S. Dixie Hwy. Suite 307 Coral Gables, FL 33146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCBRIDE, BRIAN A 1390 S. DIXIE HIGHWAY, SUITE 1105 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TORRE, VENACIO I 1390 S. DIXIE HIGHWAY, SUITE 1105 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u><i>Harold White</i></u> DATE <u>5-7-07</u> DAYTIME PHONE # <u>305 740-5799</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

401112



05032007 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, HAROLD D
1390 S. DIXIE HIGHWAY
1105
CORAL GABLES, FL 33146

Name

Street Address (P.O. Box Number is Not Acceptable)

500 S. Dixie Hwy.
Suite 307

City

Coral Gables

FL

Zip Code

33146

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when changing)

DATE

5-7-07

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WHITE, HAROLD D
1390 S. DIXIE HIGHWAY, SUITE 1105
CORAL GABLES, FL 33146

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500 S. Dixie Hwy. Suite 307
Coral Gables, FL 33146

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MCBRIDE, BRIAN A
1390 S. DIXIE HIGHWAY, SUITE 1105
CORAL GABLES, FL 33146

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
11

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
TORRE, VENACIO I
1390 S. DIXIE HIGHWAY, SUITE 1105
CORAL GABLES, FL 33146

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
11

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

☐ 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #