

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050737

FILED
Apr 29, 2008
Secretary of State

Entity Name: RIVIERA 150 W 23 STREET LLC

Current Principal Place of Business:

357 GLENN RD
WEST PALM BEACH, FL 33405 US

New Principal Place of Business:

Current Mailing Address:

357 GLENN RD
WEST PALM BEACH, FL 33405 US

New Mailing Address:

FEI Number: 20-2876630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERGUSON-STEFAN, MARIANA
357 GLENN RD
WEST PALM BEACH, FL 33405 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROZ'S FUNDING CORP,
Address: 357 GLENN RD
City-St-Zip: WEST PALM BEACH, FL 33405 US

Title: MGRM () Delete
Name: ACKERMAN, MIKE
Address: 357 GLENN RD
City-St-Zip: WEST PALM BEACH, FL 33405 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: A&W GROUP LLC,
Address: 357 GLENN RD
City-St-Zip: WEST PALM BEACH, FL 33405 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: WOLFF, ROSLYN
Address: 357 GLENN RD
City-St-Zip: WEST PALM BEACH, FL 33405

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: ROSLYN WOLFF

MGR

04/29/2008

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