
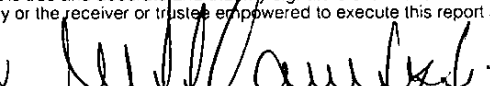


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90250 002 ****50.00

DOCUMENT # L05000080178 1. Entity Name RIVAGE ENTERPRISE, LLC					
Principal Place of Business 2634 NW 48TH ST BOCA RATON, FL 33434-2585			Mailing Address 2634 NW 48TH ST BOCA RATON, FL 33434-2585		
2. Principal Place of Business - No P.O. Box # 781 Crandon Blvd		3. Mailing Address 781 Crandon Blvd			
Suite, Apt. #, etc. #1402		Suite, Apt. #, etc. 1402			
City & State Key Biscayne, FL		City & State Key Biscayne, FL			
Zip 33149		Country US		Zip 33149	
Country US		4. FEI Number 20-3386412			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent LAMBERTI, MIRIAM A 2634 NW 48TH ST BOCA RATON, FL 33434-2585			7. Name and Address of New Registered Agent Name Lamberti, Miriam A Street Address (P.O. Box Number is Not Acceptable) 781 Crandon Blvd, #1402 City Key Biscayne, FL Zip Code 33149		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAMBERTI, MIRIAM A 2634 NW 48TH ST BOCA RATON, FL 334342585 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lamberti, Miriam A 781 Crandon Blvd #1402 Key Biscayne, FL 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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		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		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		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		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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			3/23/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

60004760



01182007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3386412
Applied For
Not Applicable

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

Name **Lamberti, Miriam A**
Street Address (P.O. Box Number is Not Acceptable)
781 Crandon Blvd, #1402
City **Key Biscayne, FL** Zip Code **33149**

SIGNATURE:

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

Date

Daytime Phone #