

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081449

FILED
Apr 24, 2006
Secretary of State

Entity Name: RIVIERA NEW TOWN LLC

Current Principal Place of Business:

2700 NW 62ND STREET
SUITE C-104
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

2700 NW 62ND STREET
SUITE C-104
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: DUKE, ANGEL
Address: 2700 NW 62ND ST, SUITE C-104
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: MGRM () Delete
Name: FRANKEL, FRED
Address: 2700 NW 62ND ST, SUITE C-104
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: MGRM () Delete
Name: FRANKEL, HENRIETTA L
Address: 2700 NW 62ND ST, SUITE C-104
City-St-Zip: FORT LAUDERDALE, FL 33309 US

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: FRED FRANKEL

MGMR

04/24/2006

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