


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-21-2007 90364 003 \*\*\*\*50.00

<b>DOCUMENT # L05000098107</b> 1. Entity Name <b>RIVIERA ALMERIA, LLC</b>					
Principal Place of Business <b>1390 SOUTH DIXIE HIGHWAY 1105 CORAL GABLES, FL 33146</b>			Mailing Address <b>1390 SOUTH DIXIE HIGHWAY 1105 CORAL GABLES, FL 33146</b>		
2. Principal Place of Business - No P.O. Box # <b>500 S. Dixie Hwy Ste. 307</b>		3. Mailing Address <b>11</b>			
Suite, Apt. #, etc. <b>Ste. 307</b>		Suite, Apt. #, etc. 			
City & State <b>Coral Gables FL</b>		City & State 		4. FEI Number <b>20-3578376</b>	
Zip <b>33146</b>		Country 		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				05032007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>WHITE, HAROLD D 1390 SOUTH DIXIE HIGHWAY 1105 CORAL GABLES, FL 33146</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>500 S. Dixie Hwy Ste. 307</b> City <b>Coral Gables FL</b> Zip Code <b>33146</b>		
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 reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, HAROLD D 1390 SOUTH DIXIE HIGHWAY, #1105 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500 S. Dixie Hwy Ste 307 Coral Gables, FL 33146</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCBRIDE, BRIAN A 1390 SOUTH DIXIE HIGHWAY, #1105 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>11</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TORRE, VENANCIO 1390 SOUTH DIXIE HIGHWAY, #1105 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>11</b>	<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
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: <u><i>Harold White</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>305</u> Daytime Phone # <u>740 5799</u>		