

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101139

FILED
Apr 17, 2009
Secretary of State

Entity Name: NEW RIVIERA NURSING & REHABILITATION CENTER, L.L.C

Current Principal Place of Business:

6901 YUMURI STREET
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

430 GABRRARD STREET
COVINGTON, KY 41011 US

New Mailing Address:

430 GARRARD STREET
COVINGTON, KY 41011 US

FEI Number: 20-3616113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STACEY, RICHARD E
899 NW 4TH STREET
MIAMI, FL 33128 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: MGR () Delete
Name: KELLER, ARLEENE
Address: 5710 WOOSTER PIKE, SUITE 122
City-St-Zip: CINCINNATI, OH 45227

Title: MGR () Delete
Name: STACEY, RICHARD E
Address: 899 NW 4TH STREET
City-St-Zip: MIAMI, FL 33128

ADDITIONS/CHANGES:

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 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: RICHARD E STACEY

MGR

04/17/2009

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