


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-21-2007 90364 008 \*\*\*\*50.00

<b>DOCUMENT # L05000107204</b> 1. Entity Name <b>RIVIERA SEVILLA, LLC</b>			
Principal Place of Business <b>1390 SOUTH DIXIE HIGHWAY</b> <b>1105</b> <b>CORAL GABLES, FL 33146 US</b>		Mailing Address <b>1390 SOUTH DIXIE HIGHWAY</b> <b>1105</b> <b>CORAL GABLES, FL 33146 US</b>	
2. Principal Place of Business - No P.O. Box # <b>500 S. Dixie Hwy.</b> Suite, Apt. #, etc. <b>307</b>		3. Mailing Address Suite, Apt. #, etc. City & State <b>Coral Gables, FL</b> Zip <b>33146</b> Country	
4. FEI Number <b>20-4148233</b>		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</b> <b>1390 SOUTH DIXIE HIGHWAY</b> <b>1105</b> <b>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</b> State <b>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 D 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</b> <b>Due by September 14, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>WHITE, HAROLD D</b> <input type="checkbox"/> Delete <b>1390 SOUTH DIXIE HIGHWAY, #1105</b> <b>CORAL GABLES, FL 33146</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>500 S. Dixie Hwy. Ste. 307</b> <b>@ Coral Gables, FL 33146</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>MCBRIDE, BRIAN A</b> <input type="checkbox"/> Delete <b>1390 SOUTH DIXIE HIGHWAY, #1105</b> <b>CORAL GABLES, FL 33146</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>//</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>SKINNER, TRUMAN A</b> <input type="checkbox"/> Delete <b>1390 SOUTH DIXIE HIGHWAY, #1105</b> <b>CORAL GABLES, FL 33146</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>//</b>
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.			
<b>SIGNATURE:</b> <u><i>Harold D White</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>5-7-07</u> Daytime Phone # <u>305 740-5799</u>	