

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90081 009 \*\*\*\*50.00

<b>DOCUMENT # L05000109608</b>					
<b>1. Entity Name</b> RIVIERA AVENUE P, LLC					
<b>Principal Place of Business</b> C/O ROBERT S. FORMAN, P.A. 2101 WEST COMMERCIAL BLVD., SUITE 2800 FT. LAUDERDALE, FL 33309			<b>Mailing Address</b> C/O ROBERT S. FORMAN, P.A. 2101 WEST COMMERCIAL BLVD., SUITE 2800 FT. LAUDERDALE, FL 33309		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>4. FEI Number</b> 20-4065964				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				04242006 Chg-LLC CR2E083 (11/05)	
<b>6. Name and Address of Current Registered Agent</b> LYNN, MARK J ESQ. C/O ROBERT S. FORMAN, P.A. 2101 WEST COMMERCIAL BLVD., SUITE 2800 FT. LAUDERDALE, FL 33309			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
<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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGRM <b>NAME</b> ENGLISH, DENIS <b>STREET ADDRESS</b> 2101 W. COMMERCIAL BLVD., #2800 <b>CITY-ST-ZIP</b> FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGRM <b>NAME</b> O'CONNOR, CHRIS <b>STREET ADDRESS</b> 2101 W. COMMERCIAL BLVD., #2800 <b>CITY-ST-ZIP</b> FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGRM <b>NAME</b> HURLEY, LIAM <b>STREET ADDRESS</b> 2101 W. COMMERCIAL BLVD., #2800 <b>CITY-ST-ZIP</b> FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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>					
<b>SIGNATURE:</b> <i>Chris O'Connor</i>			4/26/06		954-227-9968
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>