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2008 LIMITED LIABILITY COMPANY NANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000060333

Entity Name

RIVO ALTO NORMANDY HOLDINGS, LLC



FILED Jan 09, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1930 HARRISON STREET, SUITE 404 HOLLYWOOD, FL 33020

1930 HARRISON STREET, SUITE 404 HOLLYWOOD, FL 33020



01042008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 26-0833299

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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8. The above the obligat	e named entity submits this statement for the purpose of chan tions of registered agent.	ging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent aignature required when reinstating)	DATE
FILE After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME , STREET ADDRESS CITY-ST-ZIP	MGR RIVO ALTO PARTNERS LLC 1930 HARRISON STREET, SUITE 404 HOLLYWOOD, FL 33020		U00000777207 01/09/08-80055-010 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U1/U3/U3-8UU55-U1U 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		IN	THIS SPACE
NAME STREET ADDRESS CITY - ST - ZIP			•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		

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 this tee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/4/08

305:572-1/24

Daytime Phone #