2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90082 030 ****50.00

DOCUMENT # L06000080998

1. Entity Name
RIVERA GROUP LLC

Principal Place of Business	Mailing Address
3235 GARDEN ST SUITE B UNITE 136 TITUSVILLE, FL 32796	3235 GARDEN ST SUITE B UNITE 136 TITUSVILLE, FL 32796

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3235 Garden ST	3235 Garden ST
Suite, Apt. #, etc: Suite B unite 136	Suite, Apt. #, etc: Suite B # 136
City & State: Titusville	City & State: Titusville
Zip: 32796 / Country: Florida	Zip: 32796 / Country: N/A

04022007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 56-2607154 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RIVERA, OSVALDO
3235 GARDEN ST
SUITE B 136
TITUSVILLLE, FL 32796

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	RIVERA, ISABEL C	
STREET ADDRESS	3235 GARDEN ST SUITE B 136	
CITY-ST-ZIP	TITUSVILLE, FL 32796	
TITLE	MGR	☐ Delete
NAME	RIVERA, OSVALDAO	
STREET ADDRESS	3235 GARDEN ST SUITE B 136	
CITY-ST-ZIP	TITUSVILLE, FL 32796	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE ______________________ 04/2/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #