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: Fl

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	7. Name and Address of New Registered Agent
RIVERA, OSVALDO 3235 GARDEN ST SUITE B 136 TITUSVILLLE, FL 32796	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 _____ (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		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: RIVERA, ISABEL C STREET ADDRESS: 3235 GARDEN ST SUITE B 136 CITY-ST-ZIP: TITUSVILLE, FL 32796	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: MGR NAME: RIVERA, OSVALDAO STREET ADDRESS: 3235 GARDEN ST SUITE B 136 CITY-ST-ZIP: TITUSVILLE, FL 32796	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 #