


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90268 042 \*\*\*138.75

<b>DOCUMENT # L06000100521</b>			
1. Entity Name <b>RIVIERA PALMS, LLC</b>			
Principal Place of Business <b>6231 PGA BLVD., STE. 104-122 PALM BEACH GARDENS, FL 33418</b>		Mailing Address <b>6231 PGA BLVD., STE. 104-122 PALM BEACH GARDENS, FL 33418</b>	
2. Principal Place of Business - No P.O. Box # <b>138 Viera Drive</b>		3. Mailing Address <b>51 Reni Road</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Palm Beach Gardens, FL</b>		City & State <b>Manhasset, NY 11030</b>	
Zip <b>33418</b>	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>NORRIS, DAVID 712 U.S. HIGHWAY ONE, STE 400 NORTH PALM BEACH, FL 33408</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____			
<b>FILE NOW!!! FEE IS \$138.75.</b> <b>After May-1, 2008 Fee will be \$538.75</b>		<b>Make check payable to:</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONSTANTOPOES, GARY 6231 PGA BLVD., STE. 104-122 PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONSTANTOPOES, GARY 51 Reni Road Manhasset, NY. 11030 <input checked="" 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
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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.			
SIGNATURE <u>Gary Constantopoulos</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

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03062008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**56-2614513** Applied For  
Not Applicable

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