2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L07000001040

Entity Name: RIVIERA CONSTRUCTION LLC

Current Principal Place of Business:	**New Principal Place of Business:**
101 RIO WAY ORMOND BEACH, FL 32174 US	88 ARLINGTON WAY ORMOND BEACH, FL 32176 US

Current Mailing Address:	**New Mailing Address:**
101 RIO WAY ORMOND BEACH, FL 32174 US	88 ARLINGTON WAY ORMOND BEACH, FL 32176 US

FEI Number: 20-8155773   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
BROWN, NOEL 1872 TAMIAMI TRAIL S SUITE G VENICE, FL 34293 US	

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.

SIGNATURE: _____

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

		ADDITIONS/CHANGES:	
Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	EMERSON, DONALD W	Name:	EMERSON, DONALD W
Address:	101 RIO WAY	Address:	88 ARLINGTONWAY
City-St-Zip:	ORMOND BEACH, FL 32174 US	City-St-Zip:	ORMOND BEACH, FL 32176 US
Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	EMERSON, ROBERT M	Name:	EMERSON, ROBERT M
Address:	101 RIO WAY	Address:	88 ARLINGTONWAY
City-St-Zip:	ORMOND BEACH, FL 32174 US	City-St-Zip:	ORMOND BEACH, FL 32176 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DONALD W. EMERSON   MGRM   04/30/2008
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date