

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90168 017 ****50.00

DOCUMENT # L98000002389

1. Entity Name
RIVIERA ASSISTED LIVING, LLC

Principal Place of Business
1925 SOUTH RIDGEWOOD AVENUE
HOLLY HILL FL 32117

Mailing Address
P.O. BOX 2181
GAINESVILLE GA 30503

80049626



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		58-2421372		<input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional		Fee Required	
Zip		Zip		Country		Country	
-30501		-30501		USA		USA	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ABRAHAM, ROBERT 347 SOUTH RIDGEWOOD AVENUE DAYTONA BEACH FL 32114				Name Robert Abraham Street Address (P.O. Box Number is Not Acceptable) 149 Ridgewood Avenue Suite 500 South City Daytona Beach FL Zip Code 32114			

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEPHENS, STANLEY			NAME			
STREET ADDRESS	1000 LENOX PARK PLACE			STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE GA 30507			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROUSSARD, BRUCE			NAME			
STREET ADDRESS	6146 PEBBLE BEACH			STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX 77060			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Stanley Stephens **3/15/02** **770 287 0494**

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

CR2E083 (9/01)