

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000002389

1. Entity Name
RIVIERA ASSISTED LIVING, LLC



Principal Place of Business
**1825 SOUTH RIDGEWOOD AVENUE
HOLLY HILL, FL 32117**

Mailing Address
**1825 SOUTH RIDGEWOOD AVENUE
HOLLY HILL, FL 32117**

DO NOT WRITE IN THIS SPACE



02172004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
58-2421372

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ABRAHAM, ROBERT
149 RIDGEWOOD AVENUE
STE 500 SOUTH
DAYTONA BEACH, FL 32114**

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
STEPHENS, STANLEY
1000 LENOX PARK PLACE
GAINESVILLE, GA 30507**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BROUSSARD, BRUCE
6146 PEBBLE BEACH
HOUSTON, TX 77060**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000062199
02/23/04-80111-010 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Stanley Stephens
**Managing member
Stan Stephens**

2/17/04
Date

770 2870494
Daytime Phone #