

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000002389 1. Entity Name RIVIERA ASSISTED LIVING, LLC	
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Principal Place of Business: 1825 SOUTH RIDGEWOOD AVENUE HOLLY HILL, FL 32117	Mailing Address 1825 SOUTH RIDGEWOOD AVENUE HOLLY HILL, FL 32117
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03012005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 58-2421372	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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
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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 _____ DATE _____
Signature, typed or printed name of registered agent; and title if applicable (NOTE: Registered Agent Signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

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
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03/18/05-80072-016 55.00

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: Stan Stephens 3/14/05 (970) 289 0474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #