

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90020 025 \*\*\*\*50.00

**DOCUMENT # L98000002389**

1. Entity Name

**RIVIERA ASSISTED LIVING, LLC**



Principal Place of Business

**1825 SOUTH RIDGEWOOD AVENUE  
HOLLY HILL FL 32117**

Mailing Address

**PO BOX 908207  
GAINESVILLE GA 30501**

2. Principal Place of Business

3. Mailing Address

**1825 Ridgewood Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Holly Hill FL**

Zip

Country

**32117**

**USA**

4. FEI Number **58-2421372**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

**Stan Stephens**

**SIGNATURE:**

**SIGNATURE REQUIRED**

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

**2/18/03**

Date

**770 287 0494**

Daytime Phone #

CR2E083 (10/02)