

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001139

1. Entity Name

RIVIERA GP, LLC

Principal Place of Business

2155 DELTA BLVD., SUITE 210-B
TALLAHASSEE FL 32303

Mailing Address

2155 DELTA BLVD., SUITE 210-B
TALLAHASSEE FL 32303

2. Principal Place of Business

18491 SAVANNAH RD

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 339691

Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL

Zip

33707

Country

U.S.A.

City & State

MEMPHIS TN

Zip

38111

Country

U.S.A.

4. FEI Number

38-3533532

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

EASTMAN, DAVID D ESQ.
2155 DELTA BLVD., SUITE 210-B
TALLAHASSEE FL 32303

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

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 Department of State
Due By September 26, 2001

400004573044-3

-09/06/01--01092--004

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
DAVID A. EASTMAN
PO BOX 339691
MEMPHIS TN 38111

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

8-27-01 248 626-0737

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

Date

Daytime Phone #

CR2E083 (5/01)