

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 09, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000001139

1. Entity Name
RIVIERA GP, LLC



Principal Place of Business
**10401 SMUG HARBOR RD.
ST. PETERSBURG, FL 33707**

Mailing Address
**P.O. BOX 339695
FARMINGTON HILLS, MI 48333**



DO NOT WRITE IN THIS SPACE

05102005 No Chg-LLC

CR2E083 (10/03)

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 refiling)

DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

1000000369280
06/09/05-80002-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARTRICH, ROSS H P.O. BOX 339695 FARMINGTON HILLS, MI 48333
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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)(f), 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

Tracy Soltis - Agent 5/10/05 (248) 626-0737

Date

Daytime Phone #