


**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

4400000

<b>DOCUMENT # M03000003485</b>				04-09-2004 90217 048 ****50.00	
1. Entity Name RIVIERA DUNES DEVELOPMENT PARTNERS, L.L.C.					
Principal Place of Business 121 WEST LONG LAKE ROAD, 1ST FLOOR WEST BLOOMFIELD, MI 48304		Mailing Address 121 WEST LONG LAKE ROAD, 1ST FLOOR WEST BLOOMFIELD, MI 48304			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FEI Number APPLIED FOR 13-4267133		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		7. Name and Address of New Registered Agent Name: Timothy J. Morris Street Address (P.O. Box Number is Not Acceptable): 328 SOUTH SHORE DRIVE City: SARASOTA FL Zip Code: 34234			
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] DATE: MARCH 31, 2004					
Filing Fee is \$50.00 Due by May 1, 2004					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE: MGR NAME: MORRIS, TIMOTHY J STREET ADDRESS: 121 WEST LONG LAKE ROAD, 1ST FLOOR CITY-ST-ZIP: WEST BLOOMFIELD, MI 48304			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 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 NAME: [ ] STREET ADDRESS: [ ] 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.					
SIGNATURE: [Signature] 4-604 x 941-355-8498					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					