

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90115 036 ****50.00

DOCUMENT # M03000003485

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**



01112005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4267133

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MORRIS, TIMOTHY J
328 SOUTH SHORE DRIVE
SARASOTA, FL 34234**

**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 reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MORRIS, TIMOTHY J
STREET ADDRESS	121 WEST LONG LAKE ROAD, 1ST FLOOR
CITY-ST-ZIP	WEST BLOOMFIELD, MI 48304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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)(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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/24/05

Date

248-890-9435

Daytime Phone #