

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2007 8:00 am**  
**Secretary of State**

01-23-2007 90055 025 \*\*\*\*50.00

DOCUMENT # M04000005683

1. Entity Name  
RIVIERA DOLPHIN I LLC



Principal Place of Business  
300 PARK BOULEVARD, SUITE 500  
ITASCA, IL 60143

Mailing Address  
300 PARK BOULEVARD, SUITE 500  
ITASCA, IL 60143

**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-2059345

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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
HAMILTON, ALLAN J  
300 PARK BOULEVARD, SUITE 500  
ITASCA, IL 60143

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
WAUTERLEK, JOHN  
300 PARK BOULEVARD, SUITE 500  
ITASCA, IL 60143

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
DONNER, KENNETH S  
10673 SANTA LAGUNA DRIVE  
BOCA RATON, FL 33428

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 exemptions contained in Chapter 119, 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

January 8, 2007

Date

630-250-9700

Daytime Phone #

Allan J. Hamilton, Managing Member