


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

04-23-2007 90377 016 ****50.00

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DOCUMENT # M06000002703 1. Entity Name AJF RIVIERA GP, L.L.C.					
Principal Place of Business 1200 UNIVERSITY BLVD., SUITE 210 JUPITER, FL 33458			Mailing Address 1200 UNIVERSITY BLVD., SUITE 210 JUPITER, FL 33458		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number Chg-LLC CR2E083 (12/06) <div style="float: right; text-align: right;"> Applied For <input type="checkbox"/> Not Applicable </div>					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent SMITH, LAWRENCE W 701 U.S. HWY ONE SUITE 402 NORTH PALM BEACH, FL 33408			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SALOUR, NADER 1200 UNIVERSITY BLVD., SUITE 210 JUPITER, FL 33458	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NADER SALOUR 1200 UNIVERSITY BLVD., STE 210 JUPITER, FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STEPHEN T. CLARK 301 CONGRESS AVE., STE 500 AUSTIN, TX 78746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TIMOTHY M. CLARK 301 CONGRESS AVE., STE 500 AUSTIN, TX 78746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TIMOTHY M. CLARK 301 CONGRESS AVE., STE 500 AUSTIN, TX 78746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TIMOTHY M. CLARK 301 CONGRESS AVE., STE 500 AUSTIN, TX 78746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: <u>Nader Salour</u> <u>Nader Salour</u> <u>4/13/07 561-624-8171</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					