


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90104 021 \*\*\*\*50.00

**DOCUMENT # E03000010882**

1. Entity Name  
**TROPICAL GAMING FTL, LLC**



Principal Place of Business 12399 S.W. 53RD STREET STE. 101 COOPER CITY, FL 33330	Mailing Address 12399 S.W. 53RD STREET STE. 101 COOPER CITY, FL 33330
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01272005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 42-1586251	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GROSS, WILLIAM J  
 C/O TRIPP SCOTT P.A.  
 110 S.E. 6TH STREET 15TH FL  
 FT. LAUDERDALE, FL 33301

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAVONE, JACK 12399 SW 53RD ST STE 101 COOPER CITY, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRECO, NICOLAS 12399 SW 53RD ST STE 101 COOPER CITY, FL 33330
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**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: *Paul Javo* Director Date: 2-22-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #