

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084151

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: PHOENIX BORGATA, L.L.C.

**Current Principal Place of Business:**

5790 SHADY OAKS LANE  
NAPLES, FL 34119

**New Principal Place of Business:**

2960A IMMOKALEE ROAD  
NAPLES, FL 34110

**Current Mailing Address:**

5790 SHADY OAKS LANE  
NAPLES, FL 34119

**New Mailing Address:**

2960A IMMOKALEE ROAD  
NAPLES, FL 34110

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMAS W. FRANCHINO, P.A.  
1250 NORTH TAMIAMI TRAIL, SUITE 106  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCVICKER, KEVIN  
Address: 5790 SHADY OAKS LANE  
City-St-Zip: NAPLES, FL 34119

Title: MGRM ( ) Delete  
Name: JOHNS, RANDY  
Address: 2960 IMMOKALEE  
City-St-Zip: NAPLES, FL 34110

Title: MGRM ( ) Delete  
Name: HOWELL, BRIAN  
Address: 2960 IMMOKALEE RD  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEVIN MCVICKER

MGRM

01/07/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date