

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104452

Entity Name: POKER TICKETS LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

3001 W HALLANDALE BEACH BLVD, STE 312
PEMBROKE PINES, FL 33009

New Principal Place of Business:

Current Mailing Address:

3001 W HALLANDALE BEACH BLVD, STE 312
PEMBROKE PINES, FL 33009

New Mailing Address:

FEI Number: 20-8047945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAFFRATH, FABRICIO C
19017 BISCAYNE BOULEVARD
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

SCHAFFRATH, FABRICIO C
19111 NE 20 TH AV
N.MIAMI BEACH, FL 33179 US

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: FABRICIO SCHAFFRATH

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHAFFRATH, FABRICIO C
Address: 19017 BISCAYNE BOULEVARD
City-St-Zip: AVENTURA, FL 333180 US

Title: MGRM () Delete
Name: RODRIGUEZ, PAOLA
Address: 19111 NE 20TH AVE
City-St-Zip: NORHT MIAMI BEACH, FL 33179

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHAFFRATH, FABRICIO C
Address: 19111 NE 20 TH AV
City-St-Zip: N.MIAMI BEACH, FL 333179 US

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: FABRICIO SCHAFFRATH

MGR

04/30/2009

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