

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000091056

FILED
Jan 20, 2009
Secretary of State

Entity Name: PARLAYED VENTURES, LLC

Current Principal Place of Business:

511 BELLE ISLE AVENUE
BELLEAIR BEACH, FL 33786

New Principal Place of Business:

288 SPOTTIS WOODS CT
CLEARWATER, FL 33756

Current Mailing Address:

511 BELLE ISLE AVENUE
BELLEAIR BEACH, FL 33786

New Mailing Address:

288 SPOTTIS WOODS CT
CLEARWATER, FL 33756

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

Name and Address of Current Registered Agent:

ROGERS, STACY
511 BELLE ISLE AVENUE
BELLEAIR BEACH, FL 33786 US

Name and Address of New Registered Agent:

ROGERS, STACY
288 SPOTTIS WOODS CT
CLEARWATER, FL 33756 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: _____ 01/20/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROGERS, STACY R
Address: 511 BELLE ISLE AVENUE
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: MGRM () Delete
Name: PETERS, NICHOLAS
Address: 511 BELLE ISLE AVENUE
City-St-Zip: BELLEAIR BEACH, FL 33786

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROGERS, STACY R
Address: 288 SPOTTIS WOODS CT
City-St-Zip: CLEARWATER, FL 33756

Title: MGRM (X) Change () Addition
Name: PETERS, NICHOLAS
Address: 288 SPOTTIS WOODS CT
City-St-Zip: CLEARWATER, FL 33756

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: STACY ROGERS MGMR 01/20/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date