2000 UNIFORM BUSINESS REPORT (UBR)

				, ,	-	
DOCUMENT # A9400001453 1. Entity Name					FILED	
					00 JAN 24 PM 1: 10	
Principal Place of Business 7439 EAST HILLSBOROUGH AVENUE 7439 EAST HILLSBOROUGH TAMPA FL 33610 7439 EAST HILLSBOROUGH TAMPA FL 33610				IUE	SECRETARY OF STATE TALLAHASSEE, FLORIDA	·
Principal Place of Business Address Mailing Address					1 (1991)(1) 1610 1511) 61811 69111 48111 381)
Suite, Apt.	Suite, Apt. #, etc.	uite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 59-3280721	Applied For Not Applicab	
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired	Fee Required
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and Address of New Regis	ered Agent
LEVY, BUDDY J 7439 EAST HILLSBOROUGH AVENUE				Name Street Address (P.O. Box Number is Not Acceptable)		
				City FL Zip Code		
8. The above	named entity submits this statement f	or the purpose of changin	g its register	ed office or regis	tered agent, or both, in the State of Florida.	
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Registere	d Agent signature requi	ired when reinstating)	DATE
9. Capital Co	ntributions \$4,430,272.00	10. Amount of C	apital Contri		11. MAKE CHECK PA	YABLE TO DEPT. OF STATE DE FOR FEE INFORMATION
<u> </u>	A GENERAL PARTNER	THAT IS A BUSINESS AY NOT be changed o	ENTITY M	IUST BE REGI	STERED AND ACTIVE WITH THIS O ent must be filed to change a gener	FFICE.
12. GENERAL PARTNER INFORMATION					ADDRESS CHANG	
DOCUMENT# NAME	F9400005607 COASTAL GAMING GROUP, INC.			EET ADDRESS		
STREET ADDRESS	7439 EAST HILLSBOROUGH AV TAMPA FL 33610	VENUE		∕-ST-ZIP	4000031	136043 101110005
DOCUMENT#			STR	EET ADDRESS	****526.	
STREET ADDRESS CITY-ST-ZIP			CITY	∕-ST-Z#P		
DOCUMENT#		* * * ***** ** ***		EET ADDRESS		
NAME STREET ADORESS CITY - ST - ZIP			CITY	r-ST-ZIP		
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©OCUMENT#			STR	EET ADORESS		
STREET ADORESS CITY-ST-ZIP		•	СПУ	/-ST-ZIP		
indicated the receiv	on this report is true and accurate an ver or trustee empowered to execute to ASTAL & AM W & G	d that my signature shall h his report as required by C Roup, TNC	iave the sam Chapter 620,	e legal effect as i Florida Statutes	Section 119.07(3)(i), Florida Statutes. I furt if made under oath; that I am a General Par	ther of the limited persons.
SIGNATURE RECIBILISED 5. LEVY 1/19/00 (8/3)623-35						

1119/00

(813)623-35 Daytime Phone #