

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND 526.25
FILED

0013016 AT

DOCUMENT # A94000001453

1. Entity Name

CGG LTD., NO. 1

02 MAR 18 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2109 PALM AVE., SUITE 202-203
TAMPA FL 33605

Mailing Address
2109 PALM AVE., SUITE 202-203
TAMPA FL 33605



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number 59-3280721 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVY, BUDDY J
2109 PALM AVE., SUITE 202-203
TAMPA FL 33605

Name
Street Address (P.O. Box Number is Not Acceptable)
2109 Palm Ave. Suite 203
City FL Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$4,430,272.00 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F94000005607	STREET ADDRESS	2109 Palm Ave. Suite 203
NAME	COASTAL GAMING GROUP, INC.	CITY-ST-ZIP	TAMPA, FL 33605
STREET ADDRESS	7439 EAST HILLSBOROUGH AVENUE		
CITY-ST-ZIP	TAMPA FL 33610		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Buddy J. Levy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/21/02 813-241-6441
Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE