

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

0013454

DOCUMENT # L00000006420

1. Entity Name

SUNCRUZ CASINOS L.L.C.

03-11-2002 90008 013 ****50.00

Principal Place of Business

ATTN: ACCOUNT PAYABLE DEPT.
 647 E. DANIA BEACH BLVD.
 DANIA FL 33004

Mailing Address

ATTN: ACCOUNT PAYABLE DEPT.
 647 E. DANIA BEACH BLVD.
 DANIA FL 33004

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1012742

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BREIT, RICHARD H
647 E. DANIA BEACH BLVD
DANIA BEACH FL 33004

7. Name and Address of New Registered Agent

Name

Street Address

Blackburn, Ace J., Jr.
 Cooney Mattson et al.
 2312 Wilton Drive
 Ft. Lauderdale, FL 33305

City

State

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

ACE J. BLACKBURN, JR. ESQ

2/13/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete
 NAME **KIDAN, ADAM R**
 STREET ADDRESS **647 E DANIA BEACH BLVD**
 CITY-ST-ZIP **DANIA BEACH FL 33004**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☐ Addition
 NAME **KB CASINOS, LLC**
 STREET ADDRESS **C/o Atlantia Holdings**
 CITY-ST-ZIP **663 E. Dania Beach Blvd.**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **Dania Beach, FL 33004**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. 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 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:

ACE J. BLACKBURN, MANAGER KB CASINOS LLC *2/13/02 954 444-3887*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)