

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 29, 2006 8:00 am**  
**Secretary of State**

08-29-2006 90074 050 \*\*\*\*50.00

<b>DOCUMENT # L00000006420</b> 1. Entity Name <b>SUNCRUZ CASINOS L.L.C.</b>			
Principal Place of Business <b>ATTN: ACCOUNT PAYABLE DEPT.</b> <b>647 E. DANIA BEACH BLVD.</b> <b>DANIA, FL 33004</b>		Mailing Address <b>ATTN: ACCOUNT PAYABLE DEPT.</b> <b>647 E. DANIA BEACH BLVD.</b> <b>DANIA, FL 33004</b>	
2. Principal Place of Business <b>225 NE MIZNER Blvd</b> Suite, Apt. #, etc. <b>STE 780</b>		3. Mailing Address <b>225 N. Mizner Rd.</b> Suite, Apt. #, etc. <b>#217</b>	
City & State <b>Boca Raton FL</b>		City & State <b>Plantation FL</b>	
Zip <b>33432</b>		Zip <b>33424</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-1012742</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33432</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00</b> <b>Due by September 6, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MANAGING MEMBER</b>	NAME <b>JEFFREY H. BECK</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>225 NE MIZNER BLVD., SUITE 780</b>	CITY-ST-ZIP <b>BOCA RATON, FL 33432</b>	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Delete	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Delete	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>Jeffrey H. Beck</b>		Date: <b>8/21/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: <b>447-8776</b>	