2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2005
Secretary of State

DOCUMENT# L01000004489

Entity Name: FLORIDA BILLIARD LLC

Current Principal Place of Business:

9421 SOUTH ORANGE BLOSSOM TRAIL
SUITE ONE
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

9421 SOUTH ORANGE BLOSSOM TRAIL
SUITE ONE
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 59-3707223 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOLLO, CAROL
9421 SOUTH ORANGE BLOSSOM TRAIL, SUITE ONE
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: BOLO, AUGUSTINE D
Address: 9421 SOUTH ORANGE BLOSSOM TRAIL, SUITE ONE
City-St-Zip: ORLANDO, FL 32837

Title: MGR ( ) Delete
Name: BOLO, CAROL
Address: 9421 SOUTH ORANGE BLOSSOM TRAIL, SUITE ONE
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BOLLO, AUGUSTINE D
Address: 9421 SOUTH ORANGE BLOSSOM TRAIL, SUITE ONE
City-St-Zip: ORLANDO, FL 32837

Title: MGR (X) Change ( ) Addition
Name: BOLLO, CAROL
Address: 9421 SOUTH ORANGE BLOSSOM TRAIL, SUITE ONE
City-St-Zip: ORLANDO, FL 32837

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAROL BOLLO MGR 03/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date