LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State
01-29-2003 90065 018 ****50.00

DOCUMENT # L01000005110

1. Entity Name
Royal Palm Capital LLC

20020311

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business.	3. Mailing Address.
1825 Ponce de Leon Boulevard	1825 Ponce de Leon Boulevard
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables FL	City & State: Coral Gables FL
Zip: 33134 Country:	Zip: 33134 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1141877 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: # $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Capital Connection Inc

Street Address (P.O. Box Number is Not Acceptable)

417 East Virginia Street

City: Tallahassee FL Zip Code: 32301

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS MANAGERS

TITLE MGR NAME Royal Palm Capital LP STREET ADDRESS % Royal Palm Casino LP CITY-ST-ZIP 1800 East Sahara Avenue Las Vegas NV 89104	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 605, Florida Statutes.

SIGNATURE: Jorge de Velasco January 25, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #