2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000005945

1. Entity Name SECÓND CHANCE JAI-ALAI, LLC

Principal Place of Business

5858 NW 80TH AVE. ROAD OCALA, FL 34482

Mailing Address

5858 NW 80TH AVE. ROAD **OCALA, FL 34482**

FILED Mar 09, 2005 08:00 AM **Secretary of State**



01042005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 16-1635521

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

352-351-2666

6. Name and Address of Current Registered Agent

HARNEY, FRED 5858 NW 80TH AVE. ROAD OCALA, FL 34482

CITY-ST-ZIP

SIGNATURE:]

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	named entity submits this statement for the purpose of cha tions of registered agent.	unging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.		
O.O. W. T. O. I.E.	Signatum, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstalling) OATE
F	iling Fee is \$50.00 ue by May 1, 2005	
٥,	MANAGING MEMBERS/MANAGERS	
MIL	MGR	
NAME	HARNEY, FRED	100000257028
STREET ADDRESS	5858 NW 80TH AVE. ROAD	U00000257028 03/09/05-80037-010 55.00
CATY-ST-ZIP	OCALA, FL 34482	
MÆ	MGR	
NAME	SPIELES, BRIAN	i de la companya de
STREET ADDRESS	PO BOX 2247	
CITY-ST-ZIP	STUART, FL 34995	
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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 eath; 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.

Xtarrey

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