2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 24, 2007 8:00 am
Secretary of State
01-24-2007 90053 045 ****55.00

DOCUMENT # L01000005945

1. Entity Name

SECOND CHANCE JAI-ALAI, LLC

Principal Place of Business	Mailing Address
5858 NW 80TH AVE. ROAD OCALA FL 34482	5858 NW 80TH AVE. ROAD OCALA FL 34482

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4601 N.W. Hwy 318	PO Box 580
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Reddick, FL	City & State: Orange Lake, FL
Zip: 32686 Country: US	Zip: 32681 Country: US

4. FEI Number 16-1635521 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARNEY, FRED 5858 NW 80TH AVE. ROAD OCALA FL 34482	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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: Fred Harney 01/18/07
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 Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGR HARNEY, FRED 5858 NW 80TH AVE. ROAD OCALA FL 34482	☒ Delete	MGR Coffey, Joseph James 200 Riverside Blvd, #41A New York, N.Y. 10069	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGR SPIELES, BRIAN PO BOX 2247 STUART FL 34995	☒ Delete	MGR Taylor, Donald Clay 99 Battery Place, Apt 14F New York, N.Y. 10280	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Fred Harney 01/18/08 352-812-6118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #