

FILED Feb 26, 2004 8:00 am Secretary of State

DOCUI 1. Entity Nam KB CASIN		سال کانگانی کانگ مانگانی کانگانی کانگان				02-26-2004	90202 0	19 ****5	0.00
Principal Place of Business % ATLANTIA HOLDINGS 645 E. DANIA BEACH BLVD. DANIA BEACH, FL 33004		Mailing Address % ATLANTIA HOLDINGS 645 E. DANIA BEACH BLVD. DANIA BEACH, FL 33004				4854 81 884 886 8 86		1994 B	
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01192004	Chg-LLC	CR2E08	33 (10/03)	
City & State		City & State			4. FEI Number 65-1155095		_ 	pplied For of Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate	of Status Desired		5.00 Add	
	6. Name and Address of Current	Registered Agent		Name	7. Name an	d Address of New Re	gistered A	gent	
COONEY	RN, ACE J JR MATTSON ET AL 'ON DRIVE		Street Adv		ess (P.O. Box Number is Not Acceptable)				
	IDERDALE, FL 33305			City			FL	Zip Code	9
	named entity submits this statement folions of registered agent.	r-the purpose of changing its	register	ed office or registe	ered agent-or-be	oth-in the State of Flo	rida.=I:am-ta	 ımiliar-with;-	and accept –
Fi	Signature, typed or printed name of registered agent ling Fee is \$50.00 ue by May 1, 2004	and title if applicable. (NOTi	E: Registeré	ed Agent signature require	ed when reinstating)		check pa	yable to int of State	•
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLACKBURN, ACE J JR %ATLANTIA HOLDINGS, 645 E DANIA BEACH BLVD DANIA BEACH, FL 33004			11		45 E. Dania Beach Blvd. Dania Beach, FL 33004			Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**	Delete	• • • • • • • • • • • • • • • • • • • •	11				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		- 1				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	ŞTR	E AE ADDRESS (-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		. ↓ \$				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				11			<u> </u>	☐ Change	☐ Addition
indicatéd limited lia	pertify that the information supplied with on this report is true and accurate and bility company or the receiver or truste	that my signature shall have e empowered to execute this	the sam report a	e legal effect as if	made under oat pter 608, Florida	h; that I am a managi	ing member	fy that the in or manage	r of the
SIGNAT	SIGNATURE AND TYPED OR DELIVED NAME OF	E SIGNING MANAGING MEMBER NA				Dave		utime Phone #	