2003 LIMITED LIABILITY COMPANY

FILED Feb 24, 2003 8:00 am Secretary of State

DOCL 1. Entity Na			I (UBR			02-03-	2003 9002	:9 024	30.00	J
PRINCES	SS ENTERTAINMENT, L.L.C.					r r n n q	215			
Principal Place of Business Mailing Address			·		- 55009845					
28870 U.S. HIGHWAY 19 NORTH, SUITE 200 CLEARWATER FL 33761		28870 U.S. HIGHWAY 19 NORTH, SUITE 200 CLEARWATER FL 33761				٠				
2. Principal	Place of Business	3. Mailing Address		-						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State		4. FEI Num	385790			Applied For		
Zip	Country -	Zip		>		te of Status Desired	- <u>Sylmany</u>		dditional	HB
	6. Name and Address of Current	Registered Agent	Name		7Name ar	nd Address of New				
BLODIG, GREGORY J GREENSPOON, MARDER, HIRSCHFELD, RAFKIN, RO					O. Box Numi	ber is Not Acceptab	<u>ــــــــــــــــــــــــــــــــــــ</u>			\dashv
100 WEST CYPRESS CREEK ROAD, S FORT LAUDERDALE FL 33309		SUITE 700		- The state of the						\dashv
			City				FL	Zip Co	de	\dashv
8. The above	named entity submits this statement for	r the purpose of changing its	registered office	or registere	ed agent, or be	oth in the State of F	orida Lamifar	miliae with	204 2020	\exists
the obligat	lions of registered agent.	<u> </u>	•	-	g ,	001, 01.01.01.01.01.01	orca. Tarria	THINGS WILL	, and accep	١,
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent sign	natura raciulraci u	when mineration)		DATE	<u>.</u>		
			W!!! FEE IS	_	Towns and the second		DAIE			\dashv
		 Make Check Payable 		epartmen	t of State					1
9.	MANAGING MEMBE		10.			ADDITIONS	/CHANGES			4
TITLE	MGR	Delete	TITLE			ABBITIONS		Change	☐ Addition	
NAME STREET ADDRESS CHY-ST-ZIP	MERCURIS, CHEYRL 28870 U.S HIGHWAY 19 NORTH CLEARWATER FL 33761	I, SUITE 200	NAME STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					Change	☐ Addition	- <u>}</u>
NAME STREET ADDRESS	•		NAME Street adoress							1
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STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME		☐ Delete	TITLE			•		Change	☐ Addition	7
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP							
ITTLE .		☐ Delete	TITLE					Change	☐ Addition	┨
AME STREET ADDRESS STY-ST-ZIP			NAME Street adoress City-St-Zip					•		
TLE		☐ Delete	TITLE					Change	Addition	1
AME TREET ADDRESS ITY-ST-ZIP			NAME Street address City-St-Zip					_		
I hereby ce indicated or limited liabi	ertify that the information supplied with the in this report is true and accurate and the illity company or the requirer of trustee e	nis filing does not quality for the lat my signature shall have the impowered to execute this rep	ne exemption state same legal effector as required l	ted in Section of as if mad by Chapter (on 119.07(3)(i e under oath; 608, Florida S), Florida Statutes. I that I am a managi tatutes.	further certify i ng member or	hat the in manager	formation of the	
SIGNATU		JEE EQUIR	ED STAUTHORIZE	REPRESENTA	TIVE	1/22/	03_			