

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 03, 2004 8:00 am
Secretary of State

06-03-2004 90330 007 ****50.00

DOCUMENT # L02000018098
 1. Entity Name
 THECASINOCATALOG.COM, LLC



Principal Place of Business: 1855 COLONIAL DRIVE, CORAL SPRINGS, FL 33071
 Mailing Address: 1855 COLONIAL DRIVE, CORAL SPRINGS, FL 33071

14023163



2. Principal Place of Business: 8885 RAMBLEWOOD DR #2107, CORAL SPRINGS
 3. Mailing Address: 12565 NW 67th DR, PARKLAND, FL

03252003 Chg-LLC CR2E083 (10/03)

City & State: CORAL SPRINGS, FL
 City & State: PARKLAND, FL
 Zip: 33071, Country: BROWARD
 Zip: 33076, Country: BROWARD

4. FEI Number: 54-2064456 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent: NRAI SERVICES, INC., 526 EAST PARK AVENUE, TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent: Name, Street Address, 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: _____ DATE: _____
 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE: MGRM NAME: MYERS, JASON G STREET ADDRESS: 1855 COLONIAL DRIVE CITY-ST-ZIP: CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete
TITLE: MGRM NAME: MYERS, DOUGLAS D STREET ADDRESS: 1855 COLONIAL DRIVE CITY-ST-ZIP: CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE: _____ NAME: 8885 RAMBLEWOOD DR #2107 STREET ADDRESS: CORAL SPRINGS, FL 33071 CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: 12565 NW 67th DRIVE STREET ADDRESS: PARKLAND, FL 33076 CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 608, Florida Statutes.

SIGNATURE: Douglas Myers, Member 5/28/04 954-592-4042
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #