

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024400

Entity Name: DRAGON ROOM, LLC

FILED  
Jul 07, 2008  
Secretary of State

**Current Principal Place of Business:**

1516 N. FREEMONT  
C/O BORTZ ENTERTAINMENT GROUP  
CHICAGO, IL 60622

**New Principal Place of Business:**

770 N HALSTED  
SUITE 306  
CHICAGO, IL 60642

**Current Mailing Address:**

1516 N. FREEMONT  
C/O BORTZ ENTERTAINMENT GROUP  
CHICAGO, IL 60622

**New Mailing Address:**

770 N HALSTED  
SUITE 306  
CHICAGO, IL 60642

FEI Number: 30-0115042      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: BORTZ, MARC L  
Address: 1516 N. FREEMONT  
City-St-Zip: CHICAGO, IL 60622

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: BORTZ, MARC L  
Address: 770 N HALSTED SUITE 306  
City-St-Zip: CHICAGO, IL 60642

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARC BORTZ

P

07/07/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date