

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90325 027 \*\*\*\*50.00

DOCUMENT # L02000034206

1. Entity Name

4 ACES GAMING INT'L LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1950 GRANT ST.

3. Mailing Address

1950 GRANT ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD FL

City & State

HOLLYWOOD FL

4. FEI Number

56-2308449

Applied For

Not Applicable

Zip

33020

Country

USA

Zip

33020

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

LEBLANC MARTIAL

Street Address (P.O. Box Number is Not Acceptable)

1950 GRANT ST.

City

HOLLYWOOD

FL

Zip Code

33020

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

Signature, typed or printed name of registered agent and title if applicable.

MARTIAL LEBLANC

DATE

02/13/03

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	M. LEBLANC MARTIAL 1950 GRANT ST. HOLLYWOOD, FL 33020
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**DO NOT WRITE  
IN THIS SPACE**

CR2E089B (12/02)

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: MARTIAL LEBLANC 02/13/03 954-60-7765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #