LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # L02000034206	
ACES GAMING INT'L LLC	

4 ACES GAMING INT'L LLC	02-18-2003 90325 027 ****50.00	
DO NOT WRITE IN THI		
2. Principal Place of Business 3. Mailing Addr.	GRANT ST.	
Suite, Apt. #, etc. Suite, Apt. #,	, etc. DO NOT WRITE IN THIS SPACE	
City & State City & State	4. FEI Number Applied For	
FL HOLLY WOOD FL HOLLY Zip Country Zip	(10001) FL. 36-2308449 Not Applica	
33020 USA 3303	5. Certificate of Status Desired Fee Required	
	7. Name and Address of Current Registered Agent Name	
DO NOT WRITE	LEBLANC MARTIAL -Street Address (P.O. Box Number is Not Acceptable)	
' IN THIS SPACE		
	1950 GRANT. ST.	
9. The set	City HOLLINGS TO EI Zip Code	
 The above named entity submits this statement for the purpose of cha the obligations of registered agent. 	anging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept	pt
SIGNATURE		ŀ
Signature, typed or printed name of registered agent and title if applicable.	MARTIAL LEBLANC 02/13/03	
	FEE IS \$50.00	\dashv
Make Check	R Payable to Florida Department of State DUE BY MAY 1	
9. MANAGING MEMBERS/MANAGERS	DUE DI MAI	
TITLE M. NAME LEBLANC MARTIAL	TIRE	
STREET ADDRESS 1950 GRANT. ST.	NAME	
CITY-ST-ZIP HOLLY WOOD, FL 33020	STREET ADDRESS CITY-ST:-ZIP	
TITLE	TITLE	
NAME STREET ADDRESS	NAME	
CITY-ST-ZIP	STREET ADDRESS CHY-ST-ZIP	
TITLE	TITLE	
NAME	NAME NAME	
CITY-ST-ZIP	STRET ADDRESS DO NOT WRITE	
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CITY-ST-ZIP	STREET ADORESS CITY: ST-ZIP	
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NAME STREET ADDRESS	NAME	
ITY-ST-ZIP	STREET ADDRESS CITY: ST-ZIP 5:	
ITLE	TITLE	
AME Treet address	NAME	
TY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
1. Thereby certify that the information supplied with this files does not	alify 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

MARTIDE LEBIANE 02/13/63 954-60-7765

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

Date

Date

District Proper