

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90066 041 ****50.00

DOCUMENT # L03000008763					
1. Entity Name THE PLAYERS CLUB AND SPA, LLC					
Principal Place of Business 4501 TAMiami TR STE 300 NAPLES, FL 34103			Mailing Address 4501 TAMiami TR STE 300 NAPLES, FL 34103		
2. Principal Place of Business <i>4501 Tamiami Trail North Suite 300</i>		3. Mailing Address <i>4501 Tamiami Trail North Suite 300</i>		<div style="font-size: 24px; font-weight: bold;">14011860</div>	
Suite, Apt. #, etc. <i>Suite 300</i>		Suite, Apt. #, etc. <i>Suite 300</i>		04192005 Chg-LLC CR2E083 (10/03)	
City & State <i>Naples, FL</i>		City & State <i>Naples, FL</i>		4. FEI Number 56-2344103	
Zip <i>34103</i>		Zip <i>34103</i>		Applied For Not Applicable	
Country <i>USA</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COLEMAN, KEVIN G ESQ 4001 TAMiami TRAIL NORTH NAPLES, FL 34103			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="float: right;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STOCK, BRIAN K 4501 TAMiami TR, STE 300 NAPLES, FL 34103	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGR Stock, Brian K. 4501 Tamiami Trail North Suite 300 Naples, FL 34103</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOCK, KENNETH C 4501 TAMiami TR, STE 300 NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, BRAD 4501 TAMiami TR, STE 300 NAPLES, FL 34103	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TVB Black, Brad 4501 Tamiami Trail North Suite 300 Naples, FL 34103</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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: <i>Brian Stock</i>			Date: <i>4.26.05</i> Daytime Phone #: <i>239.592.7344</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					