

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90104 021 \*\*\*\*50.00

**DOCUMENT # E03000010882**

1. Entity Name  
**TROPICAL GAMING FTL, LLC**



Principal Place of Business  
**12399 S.W. 53RD STREET STE. 101  
COOPER CITY, FL 33330**

Mailing Address  
**12399 S.W. 53RD STREET STE. 101  
COOPER CITY, FL 33330**



01272005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**42-1586251**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GROSS, WILLIAM J  
C/O TRIPP SCOTT P.A.  
110 S.E. 6TH STREET 15TH FL  
FT. LAUDERDALE, FL 33301**

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IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	D
NAME	TAVONE, JACK
STREET ADDRESS	12399 SW 53RD ST STE 101
CITY- ST- ZIP	COOPER CITY, FL 33330
TITLE	D
NAME	GRECO, NICOLAS
STREET ADDRESS	12399 SW 53RD ST STE 101
CITY- ST- ZIP	COOPER CITY, FL 33330
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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:**

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

Date

Daytime Phone #