## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 25, 2006 8:00 am Secretary of State

2. Principal Pace of Business  Surie. Apt. #, etc.  Surie. Apt. #, etc.  Surie. Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Country  To Country  Exp. Country  Country  Country  Country  Country  Country  To Country  To Country  To Country  To Name and Address of Current Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Filing Fee is \$50.00. Due by May 1, 2006 .  B. The above named antily 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 based on insert and registered agent.  Signature based on insert and registered agent.  Signature based on insert and registered agent.  Make check payable to Florida Department of State  Philing Fee is \$50.00. Due by May 1, 2006 .  Make check payable to Florida Department of State  Addition  Make Street Address (P.O. Box Number is Not Acceptable)  Recovery and the state of Florida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature based on insert and registered agent.  Make check payable to Florida Department of State  Philips Fee is \$50.00. Florida Department of State  ADDITIONS/CHANGES  The ADDITIONS ADDITIONS ADDITIONS A		DOCUMENT # L03000019475  1. Entity Name PLAYERS CLUB, LLC					04-25-2006	90016 023 ****	50.00
SARASOTA, FL 34233  2. Principal Place of Business  3. Mailing Address  Suite, Apt. 4, etc.  City & State  Country  Countr	· ·		•		•	1			
Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  S. Certificate of Status Dosired  Applicable  \$5.00 Additional   Face Required   Face Status Dosired   Face Status Dosired   Face Required   Face Status Dosired   Face Required   Face Status Dosired   Face St	SARASOTA, FL 34233								
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City & State  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired  Status Desired  State Desired  Street Address of New Registered Agent  Name  Name  Name  Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  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, board or privide name of registered agent and with it applicable  PREVENTED By May 1, 2006  Signature, board or privide name of registered agent and with it applicable  (NOTE, Republical Agent signature required when remaining)  DATE  Filling Fee Is \$50,00.  Due by May 1, 2006  Signature, board or privide name of registered agent and with it applicable  (NOTE, Republical Agent signature required when remaining)  DATE  Make check payable to Florida Department of State  Signature, board or privide name of registered agent and with it applicable  Note Signature, board or privide name of registered agent and with it applicable  (NOTE, Republical Agent signature required when remaining)  DATE  Signature, board or privide name of registered agent and with it applicable to Florida Department of State  Signature, board or privide name of registered agent and with it applicable  PREVENTED Addition  Note Signature, board or privide name of registered agent and applicable to Florida Department of State  Signature, board or privide name of registered agent and applicable to Florida Department of State  Signature, board or privide name of registered agent and applicable to Florida Department of State  Signature, board or privide name of registered agent and applicable to Florida Department of State  Signature, board or privide name	2. Principal Place of Business		3. Mailing Address						
Zip   Country   Zip   Country   S. Certificate of Status Desired   \$5.00 Additional   Fee Required   \$5.00 Additional   \$5.00 A	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04192006	Chg-LLC	CR2E083 (11/05	)
Sipher and Address of Current Registered Agent  Fee Required  6. Name and Address of Current Registered Agent  PREWETT, DANIEL L  5777 BENEVA ROAD SOUTH SARASOTA, FL 34233  City FL Zip Code  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  Filling Fee is \$50.00.  Due by May 1, 2006;  MANAGING MEMBERS/MANAGERS  IIIL  NAME  SIREE ADDRESS  CITY-ST-ZIP  IIILE  CITY-ST-ZIP  Change  Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS CITY-ST-ZIP  Change  Addition  Addition  ADDITIONS CITY-ST-ZIP  IIILE  CITY-ST-ZIP  C	City & State		City & State				<b>⊢</b> +	· · · · · · · · · · · · · · · · · · ·	
6. Name and Address of Current Registered Agent  PREWETT, DANIEL L 5777 BENEVA ROAD SOUTH SARASOTA, FL 34233  City  City  FL  Zip Code  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  Filling Fee Is \$50.00.  Due by May 1, 2006;  9. MANAGING MEMBERS/MANAGERS  IIILE  9. MANAGING MEMBERS/MANAGERS  IIILE  9. MANAGING MEMBERS/MANAGERS  IIILE  10. Sophature required when renation()  Make check payable to Florida Department of State  Filling Fee Is \$50.00.  Due by May 1, 2006;  9. MANAGING MEMBERS/MANAGERS  IIILE  10. Sophature State Address  Richard T Mullich  Addition  Name  Richard T Mullich  Addition  Name  11LE  10. Change Addition  Name  11LE  11L	Zip	Country	Zip	Country					
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	-	6. Name and Address of Current F	i Registered Agent			7. Name and	Address of New R		
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  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  Filling Fee is \$50.00.  Due by May 1, 2006;  Simulation board or printed name of registered agent agent and with ill applicable.  (NOTE. Repulsered Agent agen	000	DANIELI		Nam	10				
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, byted or printed name of registered agent and later if applicable.   (NOTE: Repeatered Agent signature required when renetating).   DATE    Filling Fee Is \$50.00.   Make check payable to Florida Department of State   Signature, byted or printed name of registered agent and later if applicable.   (NOTE: Repeatered Agent signature required when renetating).   DATE    Filling Fee Is \$50.00.   Make check payable to Florida Department of State   Signature byted or printed name of registered agent.   DATE    Filling Fee Is \$50.00.   DATE    Filling Fee Is \$50.00.   DATE    Make check payable to Florida Department of State   Signature byted or printed name of registered agent.   DATE    Filling Fee Is \$50.00.   DATE    Filling Fee Is \$50.00	PREWETT, DANIEL L 5777 BENEVA ROAD SOUTH SARASOTA, FL 34233			Stree	et Address	(P.O. Box Numbe	er is Not Acceptable	9)	
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SIGNATURE Signature, tyced or printed name of registered agent and late if applicable.  (NOTE, Reprintered Agent signature required when reinstating)  Make check payable to Florida Department of State  Managing Members/Managers  10. ADDITIONS/CHANGES  IIILE  0 * 5						FL   Zip Code			
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida statutes. I further certify that he information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE SIGNATURE: