

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000050952

FILED
Jun 17, 2005
Secretary of State**Entity Name:** THE PLAYER'S CONNECTION OF FLORIDA, LLC**Current Principal Place of Business:**12900 W. STATE ROAD 84,
DAVIE, FL 33325**New Principal Place of Business:****Current Mailing Address:**12900 W. STATE ROAD 84
DAVIE, FL 33325**New Mailing Address:****FEI Number:** 20-0473222**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TORRES ADVISORS, PA
12900 W. STATE ROAD 84
DAVIE, FL 33325 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGR () Delete
Name: TORRES, OSVALDO F
Address: 12900 W. STATE ROAD 84
City-St-Zip: DAVIE, FL 33325 US**Title:** MGR () Delete
Name: TORRES, STACY F
Address: 12900 W. STATE ROAD 84
City-St-Zip: DAVIE, FL 33325 US**Title:** MGR (X) Delete
Name: HUEFFNER, WILLIAM R
Address: 12900 W. STATE ROAD 84
City-St-Zip: DAVIE, FL 33325 US**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: OSVALDO F. TORRES

MGR

06/17/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date