

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050952

Entity Name: THE PLAYER'S CONNECTION OF FLORIDA, LLC

FILED  
Apr 24, 2006  
Secretary of State

**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:**

WESTON LAW ASSOCIATES. P.A  
2800 WESTON ROAD  
SUITE 201  
WESTON, FL 33331 US

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: OSVALDO F. TORRES

04/24/2006

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

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: TPCF FRANCHISING COM, PANY, LLC  
Address: 12900 W. STATE ROAD 84  
City-St-Zip: DAVIE, FL 33325 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: STACY F. TORRES

MGR

04/24/2006

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