

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90024 036 \*\*\*\*50.00

<b>DOCUMENT # L04000008794</b>					
<b>1. Entity Name</b> POWER POKER, LLC					
<b>Principal Place of Business</b> 21276 GREENWOOD CT BOCA RATON, FL 33433			<b>Mailing Address</b> 21276 GREENWOOD CT BOCA RATON, FL 33433		
<b>2. Principal Place of Business</b> Dunlap & Moran, P.A. Suite, Apt. #, etc. 1990 Main Street, Ste. 700		<b>3. Mailing Address</b> Dunlap & Moran, P.A. Suite, Apt. #, etc. PO Box 3948			
<b>City &amp; State</b> Sarasota, FL		<b>City &amp; State</b> Sarasota, FL		<b>4. FEI Number</b> 03312005 Chg-LLC CR2E083 (10/03) 20-2850617	
<b>Zip</b> 34236		<b>Country</b> Sarasota		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> KAUFFMANN, GARY ESQ C/O DUNLAP & MORAN, PA 22 SOUTH LINKS AVE SARASOTA, FL 34236			<b>7. Name and Address of New Registered Agent</b> Name: Gary Kauffman, Esq. Street Address (P.O. Box Number is Not Acceptable): Dunlap & Moran, P.A. 1990 Main Street, Suite 700 City: Sarasota FL Zip Code: 34236		
<b>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.</b> SIGNATURE: <b>Gary Kauffman</b> DATE: 3-31-05					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
[Empty Row]			Mng Member Doug Koval 21276 Greenwood Ct Boca Raton, FL 33433		
[Empty Row]			Mng Member Michael Parness 21276 Greenwood Ct. Boca Raton, FL 33433		
[Empty Row]			[Empty Row]		
[Empty Row]			[Empty Row]		
[Empty Row]			[Empty Row]		
[Empty Row]			[Empty Row]		
<b>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.</b>					
<b>SIGNATURE:</b> <b>Michael Parness</b> 4/5/05 212 674-6555					