

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019717

FILED
Apr 13, 2005
Secretary of State

Entity Name: POMPANO BEACH CASINO DEALER SCHOOL, LLC

Current Principal Place of Business:

1630 S. FEDERAL HWY 210
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

1630 S. FEDERAL HWY 210
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 20-0680723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VINEYARD, WILLIAM
1630 S. FEDERAL HWY 210
POMPANO BEACH, FL 33062 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/MEMBERS:

Title: MGRM () Delete
Name: VINEYARD, WILLIAM
Address: 1631 S. FEDERAL HWY 210
City-St-Zip: POMPANO BEACH, FL 33062

Title: MGRM (X) Delete
Name: SMITH, WILLIAM M
Address: 1631 S. FEDERAL HWY 210
City-St-Zip: POMPANO BEACH, FL 33062

Title: MGRM (X) Delete
Name: BROWN, JACK E JR
Address: 330 FT. PICKENS RD #APT 6
City-St-Zip: PENSACOLA, FL 32561

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: WILLIAM VINEYARD

MGRM

04/13/2005

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