


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90185 033 ****50.00

DOCUMENT # L04000057505

1. Entity Name
JACKPOT, LLC



Principal Place of Business 1867 A NORTH MILITARY TRAIL WEST PALM BEACH, FL 33409 US	Mailing Address 1867 A NORTH MILITARY TRAIL WEST PALM BEACH, FL 33409 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip Country	Zip Country



01072005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-1461576

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**LEGAL ZOOM NEVADA, INC.
 44 W. FLAGLER ST.
 SUITE 675
 MIAMI, FL 33130**

7. Name and Address of New Registered Agent

Name **Joan Gallagher**
 Street Address (P.O. Box Number is Not Acceptable)
2113 SW Park Drive
 City **Boynton Beach FL** Zip Code **33426**

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 *Joan Gallagher* DATE **Jan 14 2005**

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS:

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLAGHER, JOAN 9339 ALTERNATE A1A, #11 LAKE PARK, FL 33403 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOCI, ENZO 9339 ALTERNATE A1A, #11 LAKE PARK, FL 33403 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOCI, JANICE 9339 ALTERNATE A1A, #11 LAKE PARK, FL 33403 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gallagher, Joan 2113 SW Park Drive Boynton Beach, FL 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Foci, Enzo 722 SW 27 Terrace Boynton Beach, FL 33435 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Foci, Janice 722 SW 27 Terrace Boynton Beach, FL 33435 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Joan Gallagher* **JOAN GALLAGHER** *Jan 14 2005* **Jan 14 2005** **361-683 9455**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #