

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000064225		
1. Entity Name WEBSTER, LEONARD & FREEMONT, LLC		

FILED

2007 APR 17 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O 2M, LLC 3225 S. MCLEOD DRIVE, SUITE 100 LAS VEGAS, NV 89121	Mailing Address C/O 2M, LLC 3225 S. MCLEOD DRIVE, SUITE 100 LAS VEGAS, NV 89121
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2. Principal Place of Business - No P.O. Box # 201 EAST GOVERNMENT ST Suite, Apt. #, etc. C/O BENTIN PROPERTIES, INC	3. Mailing Address 201 EAST GOVERNMENT ST Suite, Apt. #, etc. C/O BENTIN PROPERTIES, INC
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04102007 Chg-LLC CR2E083 (12/06)

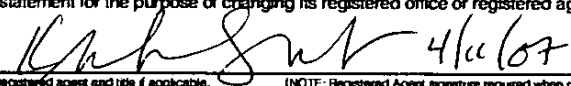
City & State PENSACOLA, FL	City & State PENSACOLA, FL
Zip 32502	Country USA

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BENTIN PROPERTIES, INC 201 EAST GOVERNMENT STREET PENSACOLA, FL 32502
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 4/11/07

Amended AR is \$50.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGM 2M, LLC 3225 S. MCLEOD DR., SUITE 100 LAS VEGAS, NV 89121 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGM CHOICE CAPITAL, LLC PO BOX 1083 GULF BREEZE, FL 32562 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900098315479 04/24/07--01054--002 **50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 4/11/07 8502215562 Date Daytime Phone #