


**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

03-09-2005 90007 050 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

<b>DOCUMENT # L04000092499</b>			
1. Entity Name <b>BORGATA HOLDINGS, LLC</b>			
Principal Place of Business <b>4052 WELLINGTON PARKWAY PALM HARBOR, FL 34685</b>		Mailing Address <b>4052 WELLINGTON PARKWAY PALM HARBOR, FL 34685</b>	
2. Principal Place of Business <b>100 W Kennedy Blvd</b>		3. Mailing Address <b>100 W Kennedy Blvd</b>	
Suite, Apt. #, etc. <b>Suite 250</b>		Suite, Apt. #, etc. <b>Suite 250</b>	
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>	
Zip <b>33602</b>	Country <b>US</b>	Zip <b>33602</b>	Country <b>US</b>
6. Name and Address of Current Registered Agent <b>LICATA, VINCENT 4052 WELLINGTON PARKWAY PALM HARBOR, FL 34685</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <i>Vincent Licata</i>		DATE	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <i>President Vincent Licata 100 W Kennedy Blvd, Ste 250 Tampa, FL 33602</i>	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 60B, Florida Statutes.			
SIGNATURE: <i>Vincent Licata</i>		3-1-05 813 229-6600	
SIGNATURE AND TYPED OR PRINTED NAME OF EACH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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02252005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-2074145** Applied For  Not Applicable

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