
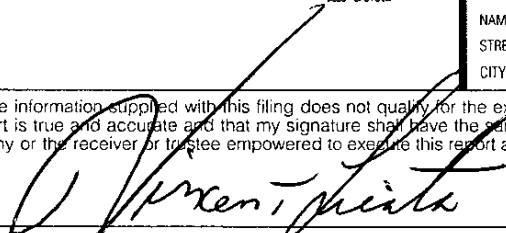


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

<b>DOCUMENT # L04000092499</b> 1. Entity Name <b>BORGATA HOLDINGS, LLC</b>			<b>FILED</b> 06 FEB 22 PM 2:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business <b>100 W KENNEDY BLVD SUITE 250 TAMPA FL 33602</b>		Mailing Address <b>100 W KENNEDY BLVD SUITE 250 TAMPA FL 33602</b>	
2. Principal Place of Business <b>1487 Gulf to Bay Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>1487 Gulf to Bay Blvd</b> Suite, Apt. #, etc.	
City & State <b>Clearwater Florida</b> Zip <b>33755</b> Country <b>USA</b>		City & State <b>Clearwater Florida</b> Zip <b>33755</b> Country <b>USA</b>	
4. FEI Number <b>20-2074145</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>LICATA, VINCENT 4052 WELLINGTON PARKWAY PALM HARBOR FL 34685</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State.</b> <b>Due By May 1, 2006</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>LICATA, VINCENT</b> STREET ADDRESS <b>100 W KENNEDY BLVD, STE 250</b> CITY-ST-ZIP <b>TAMPA FL 33602</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>600066512066</b> STREET ADDRESS <b>02/23/06--01054--001</b> CITY-ST-ZIP <b>**350.00</b>	<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
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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 exemptions contained in Section 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.			
<b>SIGNATURE:</b> 		Date <b>1-31-06</b> Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			