## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** May 07, 2008 08:00 AN Secretary of State DOCUMENT # L05000054351 1. Entity Name BILLIARD TABLES PLUS, LLC Principal Place of Business\_\_\_ Mailing Address 2838 SW 5TH STREET 2838 SW 5TH STREET **BOYNTON BEACH, FL 33435** BOYNTON BEACH, FL 33435 US US 01072008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2942503 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PACHIS, TIMOTHY J DO NOT WRITE 2838 SW 5TH STREET BOYNTON BEACH, FL 33435 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS TITLE NAME PACHIS, TIMOTHY J STREET ADDRESS 2838 SW 5TH ST CITY-ST-ZIP BOYNTON BEACH, FL 33435 THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS **DO NOT WRITE** CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 improvered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE