2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 07, 2006 8:00 am
Secretary of State

05-04-2006 90021 024 ****55.00
05-05-2006 90033 011 ****55.00

DOCUMENT # L05000056500

1. Entity Name

SLOTS USA, LLC

Principal Place of Business	Mailing Address
1550 N.E. MIAMI GARDENS DRIVE STE 20 NATIONAL BANK BLDG NORTH MIAMI BEACH FL 33179	1550 N.E. MIAMI GARDENS DRIVE STE 20 NATIONAL BANK BLDG NORTH MIAMI BEACH FL 33179

1st MOORE CR2E083 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 02-0749308 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, RONALD L ESQ
1550 N.E. MIAMI GARDENS DRIVE STE 200
NATIONAL BANK BLDG
NORTH MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WENTNICK, SHARON		NAME		
STREET ADDRESS	7817 CAPRIL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOYTON BEACH FL 33347		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE	MGRM	☐ Change ☐ Addition
NAME	Davis, Ronald		NAME	Davis, Ronald	
STREET ADDRESS	1550 N.E. Miami Gard Dr		STREET ADDRESS	1550 N.E. Miami Gard Dr	
CITY-ST-ZIP	N.M. Beach Fla 33179		CITY-ST-ZIP	N.M.B Fla 33179	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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.

SIGNATURE: [signature] 4/6/06 305-940-2352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #