

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078741

FILED
Mar 20, 2009
Secretary of State

Entity Name: BIG SLICK HOLDEM POKER, LLC

Current Principal Place of Business:

490 SAUDERS ROAD SOUTHEAST
PALM BAY, FL 32909

New Principal Place of Business:

Current Mailing Address:

735 HANAU AVE NW
PALM BAY, FL 32907

New Mailing Address:

132 HAINES RD SW
PALM BAY, FL 32908

FEI Number: 11-3756581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LACATTIVA, DOMENICK
Address: 490 SAUDERS ROAD SOUTHEAST
City-St-Zip: PALM BAY, FL 32909

Title: S () Delete
Name: LACATTIVA, LISA
Address: 490 SAUDERS ROAD SOUTHEAST
City-St-Zip: PALM BAY, FL 32909

Title: T (X) Delete
Name: LACATTIVA, DOMENICK
Address: 490 SAUDERS ROAD SOUTHEAST
City-St-Zip: PALM BAY, FL 32909

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LACATTIVA, DOMENICK
Address: 132 HAINES RD SW
City-St-Zip: PALM BAY, FL 32908

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DOMENICK LACATTIVA

MGR

03/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date