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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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03/20/06

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L05000096233</b>			
1. Entity Name <b>TREASURE CHEST POKER, LLC</b>			
Principal Place of Business <b>1892 SUNSET WOODS CT CLEARWATER, FL 33763</b>		Mailing Address <b>1892 SUNSET WOODS CT CLEARWATER, FL 33763</b>	
2. Principal Place of Business <i>1892 Sunset Woods Ct</i>		3. Mailing Address <i>Same</i>	
City & State <i>Clearwater Fla</i>		City & State <i>Same</i>	
Zip <i>33763</i>	County <i>Pinellas</i>	Zip	Country
4. FEI Number <i>13-4289945</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GRACY, G ANDREW 826 BROADWAY DUNEDIN, FL 34698</b>		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 _____ (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE/NAME NAME STREET ADDRESS CITY- ST- ZIP <i>Shawn Dean 1892 Sunset Woods Ct Clearwater 71 33763</i>		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	
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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 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 empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>Shawn Dean</i>		Date: <i>3/12/06</i>	
SIGNATURE TYPE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

727/442-1073  
727/244 6804



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2006

TREASURE CHEST POKER, LLC  
1892 SUNSET WOODS CT  
CLEARWATER, FL 33763

Subject: TREASURE CHEST POKER, LLC

Reference Number: L05000096233

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION