


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90203 025 ****55.00

DOCUMENT # L06000012918																											
1. Entity Name INTERNATIONAL POKER LEAGUE, LLC																											
Principal Place of Business 200 SOUTH TARRAGONA STREET PENSACOLA, FL 32502		Mailing Address 200 SOUTH TARRAGONA STREET PENSACOLA, FL 32502																									
2. Principal Place of Business - No P.O. Box # 270 N. PALATKA ST.		3. Mailing Address SAME as #2																									
Suite, Apt. #, etc. NA		Suite, Apt. #, etc.																									
City & State PENSACOLA FL		City & State																									
Zip 32502	Country USA	Zip	Country																								
6. Name and Address of Current Registered Agent PANYKO, JOHN A 200 SOUTH TARRAGONA STREET PENSACOLA, FL 32502		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 reinstating) DATE _____																											
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																									
MANAGING MEMBERS / MANAGERS		ADDITIONS / CHANGES																									
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01122007 Chg-LLC CR2E083 (12/06)

4. FEI Number
205160876

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

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: _____

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

GK STEPHENSON

61-31-07

8504290082

Date

Daytime Phone #