

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90069 047 ***138.75

DOCUMENT # L06000037965					
1. Entity Name SNYDER'S GAMBLE, LLC					
Principal Place of Business 1410 HIAWATHA DRIVE KISSIMMEE, FL 34741 <i>CK #1052</i>			Mailing Address 1410 HIAWATHA DRIVE KISSIMMEE, FL 34741		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01042008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-4682925				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			7. Name and Address of New Registered Agent		
FOUST, KATHLEEN M 17 S. ORLANDO AVENUE KISSIMMEE, FL 34741			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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SNYDER, LORRAINE F 1410 HIAWATH DRIVE KISSIMMEE, FL 34741	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SNYDER, Lorraine G 1410 Hiawatha Drive Kissimmee, FL 34741	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SNYDER, ROBERT L 1410 HIAWATHA DRIVE KISSIMMEE, FL 34741	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SNYDER, Robert L. 2956 TIKIMBER WAY ST. CLOUD, FL 34772	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRAHLA, MARY T 544 COCONUT AVENUE SATELLITE BEACH, FL 32937	<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	MGR SNYDER, DAVID B 6220 LITTLE LAKE SAWYER DRIVE WINDERMERE, FL 34786	<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	MGR SNYDER, MARK E 4315 FANNY BASS ROAD ST. CLOUD, FL 34772	<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	MGR SNYDER, AMBER L 1410 HIAWATHA DRIVE KISSIMMEE, FL 34741	<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>Lorraine G Snyder</i>			Date: <i>1-4-08</i> Daytime Phone #: <i>407-846-8611</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					