

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064496

Entity Name: GAME HQ LLC

FILED  
Apr 13, 2009  
Secretary of State

## Current Principal Place of Business:

595 HWY 92 EAST  
DELAND, FL 32720

## New Principal Place of Business:

1529 ALDRIDGE LN  
DELAND, FL 32720

## Current Mailing Address:

14 AUTUMNWOOD TRAIL  
DELAND, FL 32724

## New Mailing Address:

1529 ALDRIDGE LN  
DELAND, FL 32720

FEI Number: 20-5102125

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STONE, ANGELA M  
14 AUTUMNWOOD TRAIL  
DELAND, FL 32724 US

## Name and Address of New Registered Agent:

LONGO, PETER W JR  
1529 ALDRIDGE LN  
DELAND, FL 32720 US

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: PETER W LONGO JR

04/13/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LONGO, PETER W SR  
Address: 1502 W SILVER HAMMOCK  
City-St-Zip: DELAND, FL 32720

Title: MGRM (X) Delete  
Name: STONE, ANGELA M  
Address: 14 AUTUMNWOOD TRAIL  
City-St-Zip: DELAND, FL 32724

Title: MGRM (X) Delete  
Name: LONGO, LOUIS P  
Address: 1395 TALL OAKS ROAD  
City-St-Zip: DELAND, FL 32720

Title: MGRM (X) Delete  
Name: LONGO, PETER W JR  
Address: 1502 WEST SILVER HAMMOCK  
City-St-Zip: DELAND, FL 32720

Title: MGRM (X) Delete  
Name: POWELL, WILLIAM C  
Address: 640 MUSCOVY CIRCLE APT F  
City-St-Zip: DELAND, FL 32720

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: LONGO, PETER W JR  
Address: 1529 ALDRIDGE LN  
City-St-Zip: DELAND, FL 32720

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

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

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: PETER W LONGO JR

MGRM

04/13/2009

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