2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Mar 21, 2008 08:00 A DOCUMENT # L06000066753 **Secretary of State** 1. Entity Name **GAMECO LLC** Principal Place of Business Mailing Address 210 174TH STREET 210 174TH STREET **SUITE 2119** SUITE 2119 SUNNY ISLES BEACH, FL 33160 SUNNY ISLES BEACH, FL 33160 02282008No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 56-2596565 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FORST, ROBERT DO NOT WRITE 210-174TH ST **SUITE 2119** IN THIS SPACE SUNNY ISLES BEACH, FL 33160 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Required Agent signature required when reinstating) FILE NOW!!! FEE IS \$138,75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS MGRM TITLE FORST, ROBERT NAME STREET ADDRESS 210 174TH STREET SUITE 2119 CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160 TITLE n4/08/08-80015-004 138.75 NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

E AND TYPED OR PRINTED NAME OF INCHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED

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