

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000070454

FILED
Aug 10, 2009
Secretary of State**Entity Name:** OPIUM VEGAS, LLC**Current Principal Place of Business:**4305 DEAN MARTIN DRIVE
STE 100
LAS VEGAS, NV 89103 US**New Principal Place of Business:****Current Mailing Address:**4305 DEAN MARTIN DRIVE
STE 100
LAS VEGAS, NV 89103 US**New Mailing Address:**P.O. BOX 19-0089
MIAMI BEACH, FL 33119 US**FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LEVINE, ALAN W
1110 BRICKELL AVENUE
SUITE 700
MIAMI, FL 33131 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGR () Delete
Name: LEVINE, JUSTIN
Address: 690 LINCOLN ROAD, SUITE 201
City-St-Zip: MIAMI BEACH, FL 33139Title: MGR () Delete
Name: JONES, ROMAN
Address: 690 LINCOLN ROAD, SUITE 201
City-St-Zip: MIAMI BEACH, FL 33139 US**ADDITIONS/CHANGES:**Title: MGR (X) Change () Addition
Name: RUBINSON, MITCHELL
Address: 3525 FLAMINGO DRIVE
City-St-Zip: MIAMI BEACH, FL 33140 USTitle: MGR (X) Change () Addition
Name: JONES, ROMAN
Address: 3165 PINE TREE DRIVE
City-St-Zip: MIAMI BEACH, FL 33140 US

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: MITCHELL RUBINSON

MGR

08/10/2009

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