

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000096919

Entity Name: REVEL PROPERTIES, LLC

FILED
Jan 07, 2008
Secretary of State

Current Principal Place of Business:

12989 SOUTHERN BLVD., SUITE 201
LOXAHATCHEE, FL 33470

New Principal Place of Business:

12959 PALMS WEST DRIVE
SUITE 120
LOXAHATCHEE, FL 33470

Current Mailing Address:

12989 SOUTHERN BLVD., SUITE 201
LOXAHATCHEE, FL 33470

New Mailing Address:

12959 PALMS WEST DRIVE
SUITE 120
LOXAHATCHEE, FL 33470

FEI Number: 20-5610222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

PROPERTIES, REVEL LLC
12959 PALMS WEST DRIVE
SUITE 120
LOXAHATCHEE, FL 33470 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: EDWIN LIU, MD

01/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LIU, EDWIN
Address: 12989 SOUTHERN BLVD., SUITE 201
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MRS () Delete
Name: LIU, ROSA L
Address: 12989 SOUTHERN BLVD., SUITE 201
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LIU, EDWIN
Address: 12959 PALMS WEST DRIVE SUITE120
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MRS (X) Change () Addition
Name: LIU, ROSA L
Address: 12959 PALMS WEST DRIVE, SUITE 120
City-St-Zip: LOXAHATCHEE, FL 33470

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: EDWIN LIU

MD

01/07/2008

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