## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000098966

Address:

910 7TH STREET SOUTH

City-St-Zip: FARGO, ND 58103

Entity Name: PALM BEACH GAMING ADVISORS, LLC

FILED Jul 23, 2008 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of Business:
	NSET RIDGE CIRCLE NBEACH, FL 33437	
Current M	lailing Address:	New Mailing Address:
	ce with s. 607.193(2)(b), F.S., the limited liabilit	company did not receive the prior notice.
		.: Name and Address of New Registered Agent:
11186 SÚI	S SUNSET RIDGE CIRCLE NTON BEACH, FL 33437  Imber: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) ordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.  In and Address of Current Registered Agent: Name and Address of New Registered Agent:  ERS, IAN S SUNSET RIDGE CIRCLE NTON BEACH, FL 33437 US  Ibove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, State of Florida.  ATURE:  Electronic Signature of Registered Agent Date  GING MEMBERS/MANAGERS: ADDITIONS/CHANGES:  MGRM ( ) Delete Title: ( ) Change ( ) Addition Name: MEYERS, IAN Name: MI1186 SUNSET RIDGE CIRCLE Address:	
		the purpose of changing its registered office or registered agent, or both
SIGNATUR	RE:	
	Electronic Signature of Registered	Agent Date
MANAGING I	MEMBERS/MANAGERS:	ADDITIONS/CHANGES:
Title: Name: Address: City-St-Zip:	MEYERS, IAN 11186 SUNSET RIDGE CIRCLE	Name: Address:
Title: Name: Address: City-St-Zip:	MGRM ( ) Delete RIDDELL, JOSEPH 2463 HEATHER WAY LEXINGTON, KY 40503	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	MGRM ( ) Delete MARTINEZ, MICHAEL 243 BRASSY HILL ROAD EAST LYME, CT 06333	Title: MGRM (X) Change ( ) Addition Name: MARTINEZ, MICHAEL Address: 243 GRASSY HILL ROAD City-St-Zip: EAST LYME, CT 06333
Title: Name:	MGRM () Delete CICHY, MICHAEL	Title: ( ) Change ( ) Addition Name:

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.

Address:

City-St-Zip:

SIGNATURE: IAN H. MEYERS MGR 07/23/2008