

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000113784					
1. Entity Name CASINO DEALER VIDEO SCHOOL, LLC					
Principal Place of Business 4726 EAST TRAILS DRIVE SARASOTA, FL 34232			Mailing Address 4726 EAST TRAILS DRIVE SARASOTA, FL 34232		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4411 Bee Ridge Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc. #272			
City & State		City & State Sarasota			
Zip	Country	Zip FL	Country USA	09062007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent KAUFFMAN, GARY C/O DUNLAP & MORAN, P.A. 1990 MAIN STREET, SUITE 700 SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name: Monica Kennedy Street Address (P.O. Box Number is Not Acceptable): 4726 East Trails Dr. City: Sarasota State: FL Zip Code: 34232	
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: <u>Monica Kennedy</u> DATE: <u>9/13/07</u> <small>Signature types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRm Monica Kennedy 4726 East Trails Dr. Sarasota FL 34232		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400109888364 09/25/07--01024--026 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Monica Kennedy</u> DATE: <u>7/13/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					