

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000026690

Entity Name: VEGAS GAMES V-2, LLC

FILED  
Apr 23, 2008  
Secretary of State

**Current Principal Place of Business:**

1242 PINE ISLAND ROAD #43 & 44  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

**Current Mailing Address:**

1129 VAN LOON COM CIR #105  
CAPE CORAL, FL 33909

**New Mailing Address:**

FEI Number: 64-0951219

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DECKER, JERRY  
1242 PINE ISLAND ROAD #43  
CAPE CORAL, FL 33991 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: MGRM ( ) Delete  
Name: DONKER, JAMES L  
Address: 3309 S. KERNAN AVE  
City-St-Zip: APPLETON, WI 54915

Title: MGRM ( ) Delete  
Name: GROND, DAVID E  
Address: 1444 VALLEY ROAD  
City-St-Zip: OSHKOSH, WI 54904

Title: MGRM ( ) Delete  
Name: VEGAS GAMES V, LLC,  
Address: 943 HUNTER DRIVE #56  
City-St-Zip: RACINE, WI 53406

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID E GROND

MGRM

04/23/2008

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