

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000039557

FILED
Feb 22, 2011
Secretary of State

Entity Name: DSO GAMING CLAN LLC

Current Principal Place of Business:

1599 NW 4 ST
C/O DIANNE BONFIGLIO
BOCA RATON, FL 33486

New Principal Place of Business:

265 SW PORT ST LUCIE BLVD # 152
C/O DIANNE BONFIGLIO
PORT SAINT LUCIE, FL 349845015

Current Mailing Address:

1599 NW 4 ST
C/O DIANNE BONFIGLIO
BOCA RATON, FL 33486

New Mailing Address:

265 SW PORT ST LUCIE BLVD # 152
C/O DIANNE BONFIGLIO
PORT SAINT LUCIE, FL 349845015

FEI Number: 26-2590827

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, KELLI A
237 SHADY HOLLOW
CASSELBERRY, FL 32701 US

Name and Address of New Registered Agent:

BONFIGLIO, DIANNE
265 SW PORT ST LUCIE BLVD # 152
PORT SAINT LUCIE, FL 349845015 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: DIANNE BONFIGLIO

02/22/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BONFIGLIO, DIANNE B ESQUIRE
Address: 265 SW PORT ST LUCIE BLVD # 152
City-St-Zip: PORT SAINT LUCIE, FL 349845015 US

Title: MGR
Name: MURPHY, KELLI A
Address: 237 SHADY HOLLOW
City-St-Zip: CASSELBERRY, FL 32707

Title: MGR
Name: SANDERS, CATHY E
Address: 2011 SLOAN STREET
City-St-Zip: FLATWOODS, KY 41139 US

Title: MGR
Name: MCINTYRE, FELISA M
Address: 4329 PEREGRINE WAY
City-St-Zip: CARROLLTON, TX 75010 US

I hereby 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: KELLI MURPHY

MGR

02/22/2011

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