2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# L08000069975

Entity Name: POCKER MANAGEMENT LLC

Current Principal Place of Business:

220 ALHAMBRA CIRCLE
11TH FLOOR
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

220 ALHAMBRA CIRCLE
11TH FLOOR
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CTC MANAGEMENT SERVICES LLC
220 ALHAMBRA CIRCLE
11TH FLOOR
CORAL GABLES, FL 33134 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: CTC MANAGEMENT SERVI, CES LLC
Address: 220 ALHAMBRA CIRCLE, 11TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134 US

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: CTC MANAGEMENT SERVICES LLC MGR 01/12/2009

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