

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000105481

**FILED**  
**Apr 22, 2009**  
**Secretary of State**

**Entity Name:** GAME ON WINTER HAVEN, LLC

**Current Principal Place of Business:**

160 COMMONWEALTH COURT NORTH  
ST. PETERSBURG, FL 33716

**New Principal Place of Business:**

6370 CYPRESS GARDENS BLVD  
WINTER HAVEN, FL 33884

**Current Mailing Address:**

160 COMMONWEALTH COURT NORTH  
ST. PETERSBURG, FL 33716

**New Mailing Address:**

6370 CYPRESS GARDENS BLVD  
WINTER HAVEN, FL 33884

**FEI Number:** 26-3707749

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KAPLANIS, IRENE  
160 COMMONWEALTH COURT NORTH  
ST. PETERSBURG, FL 33716 US

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

KAPLANIS, IRENE  
9108 TINTORI LANE  
WINDERMERE, FL 34786 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:**

04/22/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** BAILEY, M C  
**Address:** 160 COMMONWEALTH COURT NORTH  
**City-St-Zip:** ST. PETERSBURG, FL 33716

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** BAILEY, M C  
**Address:** 6370 CYPRESS GARDENS BLVD  
**City-St-Zip:** WINTER HAVEN, FL 33884

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:** M.C. BAILEY

MGR

04/22/2009

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