ANNUAL REPORT (AR)

FILED
May 01, 2007 8:00 am
Secretary of State
05-01-2007 90323 036 ****60.00

DOCUMENT # L99000000151

1. Entity Name

BINGO EXPRESS LLC

Principal Place of Business	Mailing Address
1820 SW 21ST TERRACE CAPE CORAL FL 33991	1820 SW 21ST TERRACE CAPE CORAL FL 33991

MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0485064 ☐ Applied For ☐ Not Applic

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

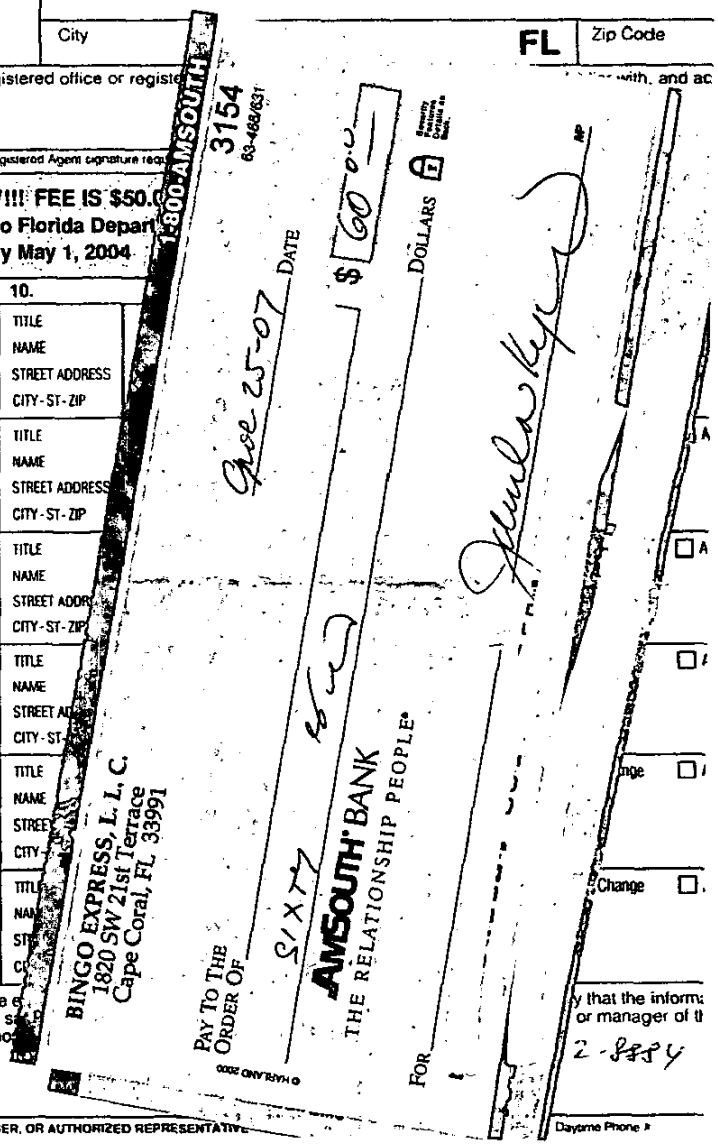
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KREJCI, ZDENKA 1820 SW 21ST TERRACE CAPE CORAL FL 33991	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registe... with, and ac... the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature req...

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Depart...
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10.
TITLE	P	☐ Delete	TITLE
NAME	GRBAC, THOMAS A		NAME
STREET ADDRESS	1820 S.W. 21ST TERRACE		STREET ADDRESS
CITY-ST-ZIP	CAPE CORAL FL 33991		CITY-ST-ZIP
TITLE	MGRM	☐ Delete	TITLE
NAME	KREJCI, BRIAN		NAME
STREET ADDRESS	1820 SW 21ST TERRACE		STREET ADDRESS
CITY-ST-ZIP	CAPE CORAL FL 33991		CITY-ST-ZIP
TITLE		☐ Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDR...
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		☐ Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET AD...
CITY-ST-ZIP			CITY-ST-
TITLE		☐ Delete	TITLE
NAME			NAME
STREET ADDRESS			STREE...
CITY-ST-ZIP			CITY-
TITLE		☐ Delete	TITL...
NAME			NA...
STREET ADDRESS			ST...
CITY-ST-ZIP			C...



11. I hereby certify that the information supplied with this filing does not qualify for the e... indicated on this report is true and accurate and that my signature shall have the s... limited liability company or the receiver or trustee empowered to execute this repo... y that the inform... or manager of t...

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #