

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001025

FILED
Apr 06, 2009
Secretary of State

Entity Name: POMPANO PARK HOLDINGS, L.L.C.

Current Principal Place of Business:

2200 CORPORATE BLVD., SUITE 310
BOCA RATON, FL 33431

New Principal Place of Business:

1800 SW 3RD ST.
POMPANO BEACH, FL 33069

Current Mailing Address:

2200 CORPORATE BLVD., SUITE 310
BOCA RATON, FL 33431

New Mailing Address:

600 EMERSON ROAD
SUITE 300
ST. LOUIS, MO 63141

FEI Number: 64-0924443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: ISLE OF CAPRI CASINO, S, INC.
Address: 2200 CORPORATE BLVD., SUITE 310
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM () Delete
Name: PPI, INC.,
Address: 1800 S.W. 3RD STREET, 5TH FLOOR
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ISLE OF CAPRI CASINO, S, INC.
Address: 600 EMERSON ROAD, SUITE 300
City-St-Zip: ST. LOUIS, MO 63141

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: MICHAEL BLOOM

V

04/06/2009

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