


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90111 035 ****55.00

DOCUMENT # M00000002083	
1. Entity Name SEA DIAMOND GAMING, LLC	

Principal Place of Business 1818 N. FARWELL AVENUE MILWAUKEE, WI 53202	Mailing Address 1818 N. FARWELL AVENUE MILWAUKEE, WI 53202
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24004852



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

01202004 Chg-LLC CR2E083 (10/03)

4. FEI Number 39-2004064	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name Frank P. Crivello
Street Address (P.O. Box Number is Not Acceptable) 3408 Dover Road
City Pompano Beach FL 33062

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Frank P. Crivello* **Frank P. Crivello** 1/21/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARKS, DAVID M 1818 N. FARWELL AVENUE MILWAUKEE, WI 53202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

David M. Marks **David M. Marks** 1/21/04