

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000004270

FILED
Mar 02, 2004
Secretary of State

Entity Name: CASINOS AUSTRIA MANAGEMENT COMPANY LLC

Current Principal Place of Business:

980 NORTH FEDERAL HWY, STE 224
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

980 NORTH FEDERAL HWY, STE 224
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 20-0509496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUBIT, DONALD E ESQ
100 S.E. 2ND ST, 17TH FLOOR
MIAMI, FL 33131 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/MEMBERS:

Title: MGR () Delete
Name: BLOCK, ARNOLD
Address: 980 NORTH FEDERAL HWY, STE 224
City-St-Zip: BOCA RATON, FL 33432

Title: MGR () Delete
Name: MCFADDEN, FRANK
Address: 980 NORTH FEDERAL HWY, STE 224
City-St-Zip: BOCA RATON, FL 33432

Title: MGR () Delete
Name: TUCEK, ALEXANDER
Address: 980 NORTH FEDERAL HWY, STE 224
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ARNOLD BLOCK

MGR

03/02/2004

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