


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000037508 1. Entity Name LATINOS NIGHT CLUB, LLC	
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Principal Place of Business 511 NOBLE PINE DRIVE LABELLE, FL 33935	Mailing Address P.O. BOX 2523 LABELLE, FL 33975
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04232007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1982897	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ESQUIVEL, NORA 511 NOBLE PINE DRIVE LABELLE, FL 33935	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ESQUIVEL, JUAN 511 NOBLE PINE DR LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESQUIVEL, NORA 511 NOBLE PINE DR LABELLE, FL 33935
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 05/15/07-80102-001 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Nora Esquivel 4-24-07 8631034680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #