



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

09-09-2005 90116 021 \*\*\*\*50.00

<b>DOCUMENT # L04000044105</b> 1. Entity Name <b>THE BANK NIGHTCLUB AND CONCERT VENUE LLC</b>					
Principal Place of Business <b>1919 CENTRAL AVE ST PETERSBURG, FL 33713</b>			Mailing Address <b>1919 CENTRAL AVE ST PETERSBURG, FL 33713</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>2910 DARTMOUTH AVE N</b>			
City & State		City & State <b>ST PETERSBURG FL</b>			
Zip <b>33713</b>	Country <b>USA</b>	4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>HILLMAN, WILLIAM 1919 CENTRAL AVE ST PETERSBURG, FL 33713</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR WILLIAM, HILLMAN 1919 CENTRAL AVE ST PETERSBURG, FL 33713</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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.					
<b>SIGNATURE:</b>  <b>William Hillman</b> 9/1/05 (727) 898-4958					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					