2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000065692

1. Entity Name
DOWNTOWN RESTAURANT AND NIGHT CLUB LLC



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

09-09-2005 90115 019 ****50.00

Principal Place of Business C/O UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI, FL 33156			Mailing Address C/O UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI, FL 33156				ne ih a irh neih ab h n e i	I Calin Gildi B	710 01110 12712 1101	FED GOLFA BL
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07262005	Chg-LLC	CR2E	83 (10/03)	
City & State			City & State			4. FEI Numbe 86 -	1/3/473	3		plied For Applicable
Zip	Country		Zip			5. Certificate	of Status Desired		\$5.00 Addi Fee Required	
	6. Name ar	nd Address of Current	Registered Agent				Address of New R	egistered .	Agent	
UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE				Name Street Addre		P.O. Box Numb	er is Not Acceptable	e)		
MIAMI, FL 33156										- · · · · · · · · · · · · · · · · · · ·
					City	City FL 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 .	Signature typed or	printed name of registered agent	and title if applicable (NC)	IE: Registere	ed Agent signature required	when reinstating)		DATE		
	oignature, types or t	printed having of regional age.	(vo			1				
Due by September 7, 2005									payable to pent of State	1
9.	•	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS	/CHANGES	3	
TETLE	MGRM	<i>/</i> .	☐ Defete	TΠL	£				☐ Change	Addition
NAME	BARR, KEN			NAM	I					
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CITY-ST-ZIP				CIT	Y-ST-ZIP					
TITLE			☐ Delete	TITL	l				Change	Addition
NAME				NAI	i					
STREET ADDRESS CITY-ST-ZIP					REET ADDRESS Y-ST-ZIP					
dd Ibarahii	certify that the	information supplied with	th this filing does not qualify f	or the eve	omotion stated in S	ection 119 07(3)	Yi). Florida Statutes	I further ce	ertify that the in	nformation
indicated	d on this report	is true and accurate an	d that my signature shall have	e the sam	ne legal effect as if	made under oat	h; that I am a mana	ging memb	per or manage	er of the
indicated on this report is true and accurate and that my argnature 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 empreced to execute this report as required by Chapter 608, Florida Statutes.										

ATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE