

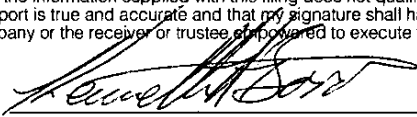


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000065692 1. Entity Name DOWNTOWN RESTAURANT AND NIGHT CLUB LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 SEP 14 AM 9:56	
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			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 353 LARIAT LANE Suite, Apt. #, etc.					
City & State		City & State KISSIMMEE, FL.		4. FEI Number 86-1131473		Applied For <input type="checkbox"/> Not Applicable	
Zip 34743	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI, FL 33156				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$50.00 Due by September 15, 2006				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARR, KENNETH A 353 LARIAT LANE KISSIMMEE, FL 347437537 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	000080003330 09/20/06--01054--004 **50.00 <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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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 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: 				Date 9/7/06. Daytime Phone #			