
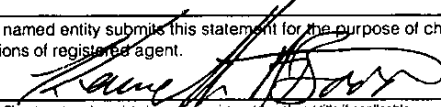


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90066 026 ****50.00

| | | | | | |
|---|---|---------------------------|--|--|--|
| DOCUMENT # L04000065692 | | | |  | |
| 1. Entity Name DOWNTOWN RESTAURANT AND NIGHT CLUB LLC | | | | | |
| Principal Place of Business C/O UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI, FL 33156 | | | Mailing Address 353 LARIAT LANE KISSIMMEE, FL 34743 | | |
| 2. Principal Place of Business - No P.O. Box # 353 LARIAT LANE | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State KISSIMMEE FL | | City & State | | 4. FEI Number 86-1131473 | |
| Zip 34743 | | Country USA | | 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 MR. K. BARR | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) 353 LARIAT LANE | | |
| | | | City KISSIMMEE | | |
| | | | FL Zip Code 34743 | | |
| 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 4/29/07 | |
| (NOTE: Registered Agent signature required when reinstating) | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | | |
| TITLE MGRM | <input type="checkbox"/> Delete | | | | |
| NAME BARR, KENNETH A | | | | | |
| STREET ADDRESS 353 LARIAT LANE | | | | | |
| CITY-ST-ZIP KISSIMMEE, FL 347437537 | | | | | |
| 10. ADDITIONS/CHANGES | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| (Empty row for additions/changes) | | | | | |
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| (Empty row for additions/changes) | | | | | |
| 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 4/29/07 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | Daytime Phone # 407 348 5491 | |