


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2006 8:00 am
Secretary of State

01-11-2006 90013 002 ****55.00

DOCUMENT # L04000067354	
1. Entity Name BOURBON ORLEANS, LLC	

Principal Place of Business 3001 CORAL SHORES DRIVE FT. LAUDERDALE, FL 33306	Mailing Address 3001 CORAL SHORES DRIVE FT. LAUDERDALE, FL 33306
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L0001202



2. Principal Place of Business 2510 E. Oakland Park Blvd. Suite, Apt. #, etc.	3. Mailing Address 2510 E. Oakland Park Blvd. Suite, Apt. #, etc.
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01092006 Chg-LLC CR2E083 (11/05)

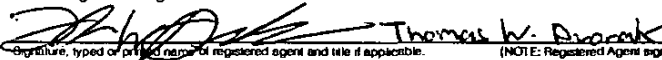
City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33306	Zip 33306
Country United States	Country United States

4. FEI Number 80-0121945	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DVORAK, THOMAS W MGRM 2055 SOUTH KANNER HIGHWAY STUART, FL 34994
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7. Name and Address of New Registered Agent Name Dvorak, Thomas W. Street Address (P.O. Box Number is Not Acceptable) 2510 E. Oakland Park Blvd. City Fort Lauderdale FL Zip Code 33306
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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  Thomas W. Dvorak DATE 1/9/06 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering))</small>

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE MGRM	<input type="checkbox"/> Delete
NAME DVORAK, THOMAS W	
STREET ADDRESS 2055 SOUTH KANNER HIGHWAY	
CITY-ST-ZIP STUART, FL 34994	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	

10. ADDITIONS/CHANGES	
TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Dvorak, Thomas W.	
STREET ADDRESS 2510 E. Oakland Park Blvd.	
CITY-ST-ZIP Fort Lauderdale, FL 33306	
TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Dvorak, Thomas A.	
STREET ADDRESS 2510 E. Oakland Park Blvd.	
CITY-ST-ZIP Fort Lauderdale, FL 33306	
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	

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:  Thomas W. Dvorak, Manager	Date 1/9/06 (954) 537-1337
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	