## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L06000034228



FILED Aug 20, 2007 8:00 am Secretary of State 08-20-2007 90182 040 \*\*\*\*50.00

DESTINY	NIGHTCLUB LLC		The state of the s			08-20-20	0, 30102		30.00	
Principal Place of Business 7430 UNIVERSAL BOULEVARD 0RLANDO, FL 32819 Mailing Address 2511 TRAPSIDE CT KISSIMMEE, FL 34746					. <b>(444)</b>	-		11 (ABIS BIRS) B1	:B9: 111   E81	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08062007	Chg-LLC	CR2E0	83 (12/06)			
City & State		City & State			4. FEI Numbe	63519		$\vdash$	oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$5.00 Add Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered A	\gent		
RODRIGUEZ, RICARDO M 2511 TRAPSIDE CT				Name Street Address (P.O. Box Number is Not Acceptable)						
KISSIMME	E, FL 34746								· · · · · · ·	
			City	y			FL	Zip Cod	e	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered offi	ice or register	ed agent, or both	n, in the State of	Florida. I am f	amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent	signature required	when reinstating)		DATE			
Filing Fee is \$50.00 Due by September 14, 2007						R4	lake check p	ayable to		
Due t	by September 14, 2007						ida Departm	ent of Stat	<b>B</b>	
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I hereby certify that the information supplied with this fitting does not quality for the exemptions contained in Chapter 119, Honda 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: Le MikeWilson	July 27	,2007 630 675 80	סכ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	VE Date	Daytime Phone #	