2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# L07000127312

Entity Name: VEGAS LOUNGE & CAFE LLC

Current Principal Place of Business:

1435 TIFFANY LANE APT. #302
NAPLES, FL 34105

New Principal Place of Business:

3785 EAST TAMIAMI TRAIL
NAPLES, FL 34112 US

Current Mailing Address:

1435 TIFFANY LANE APT. #302
NAPLES, FL 34105

New Mailing Address:

2125 ARIELLE DRIVE
2508
NAPLES, FL 34109 US

FEI Number: 61-1549570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHOUEIRY, MARCEL
1435 TIFFANY LANE APT. #302
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CHOUEIRY, MARCEL J
Address: 1435 TIFFANY LANE APT. #302
City-St-Zip: NAPLES, FL 34105

Title: MGRM ( ) Delete
Name: JONES, SHERRIE L
Address: 2125 ARIELLE DRIVE #2508
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CHOUEIRY, MARCEL J
Address: 1435 TIFFANY LANE APT. #302
City-St-Zip: NAPLES, FL 34105 US

Title: MGRM (X) Change ( ) Addition
Name: JONES, SHERRIE L
Address: 2125 ARIELLE DRIVE #2508
City-St-Zip: NAPLES, FL 34109 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHERRIE L. JONES/SHERRIE L. JONES MNGR 02/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date