

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000002999

**FILED**  
**Jul 27, 2006**  
**Secretary of State**

**Entity Name:** SEMINOLE NIGHT CLUB LLC

**Current Principal Place of Business:**

5729 SEMINOLE WAY  
FT. LAUDERDALE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

5729 SEMINOLE WAY  
FT. LAUDERDALE, FL 33314

**New Mailing Address:**

**FEI Number:** 75-3155865      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ERIC DORSKY, P.A.  
7320 GRIFFIN ROAD #220  
DAVIE, FL 33314 US

**Name and Address of New Registered Agent:**

VARGAS, PIEDRA & CO.  
9100 SOUTH DADELAND BLVD STE 912  
MIAMI, FL 33156 US

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:** AURELIO A PIEDRA

07/27/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** MACROVEST SEMINOLE V, ENTURES LLC  
**Address:** PO BOX 18224  
**City-St-Zip:** WASHINGTON, DC 20036

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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:** MACROVEST SEMINOLES VENTURES LLC

MGR

07/27/2006

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