

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000050978</b>	
1. Entity Name 5 POINTS THEATRE BUILDING, LLC	

Principal Place of Business 1022 PARK ST SUITE 201 JACKSONVILLE, FL 32205	Mailing Address 1022 PARK ST SUITE 201 JACKSONVILLE, FL 32205
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DO NOT WRITE IN THIS SPACE



02112008No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>54-2157373</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

SHAD III, H. W.  
1022 PARK ST  
JACKSONVILLE, FL 32204

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IN THIS SPACE

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAD III, H. W. 5031 YACHT CLUB RD JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAD IV, H.W. 2828 OAK ST JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAD, JACK L 2826 OAK ST JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FOWLER, L.B. 1546 LANCASTER ST. #1200 JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000826416  
02/21/08-80048-024 138.75

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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:** *HW Shad*      *2/11/08*      *904-358-0605*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #