


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

01-12-2006 90036 030 ****50.00

| | | | |
|--|--|--|---|
| DOCUMENT # L05000091894 | |  | |
| 1. Entity Name 5 POINTS THEATRE MT, LLC | | | |
| Principal Place of Business 2720 PARK STREET STE 205 JACKSONVILLE, FL 32205 | | Mailing Address 2720 PARK STREET STE 205 JACKSONVILLE, FL 32205 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| | | 01052006 Chg-LLC CR2E083 (11/05) | |
| | | 4. FEI Number 20-3490588 | |
| | | Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| SMITH HULSEY & BUSEY 225 WATER STREET STE 1800 JACKSONVILLE, FL 32202 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small> | | | |
| Filing Fee is \$50.00 Due by May 1, 2008 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MANAGING MEMBER <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MANAGING MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | | MSS LLC 2720 Park St, #205 JACKSONVILLE, FL 32205 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | | MEMBER LIVY BRAD HOSPITAL GROUP XXX, LLC 100 WILSON BLVD, #700 ORLANDO, FL 32837 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | |
| 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 Smith | | Date: 1/9/06 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Daytime Phone # 304-388-0600 | |

ATTACHMENT

300000230
#L05000091894



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2006

5 POINTS THEATRE MT, LLC
2720 PARK STREET STE 205
JACKSONVILLE, FL 32205

Subject: 5 POINTS THEATRE MT, LLC

Reference Number: L05000091894

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MS
ANNUAL REPORTS SECTION