


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90079 023 \*\*\*\*50.00

<b>DOCUMENT # L05000091894</b>					
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 - No P.O. Box # 1022 Park St		3. Mailing Address 1022 Park St			
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc. Suite 201			
City & State Jacksonville, FL		City & State Jacksonville, FL			
Zip 32204		Country		Zip 32204	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH HULSEY & BUSEY 225 WATER STREET STE 1800 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name <u>H.W. Shad</u> Street Address (P.O. Box Number is Not Acceptable) <u>1022 Park St</u> <u>Suite 201</u> City <u>Jacksonville</u> <b>FL</b> Zip Code <u>32204</u>		
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 <u>H.W. Shad</u>		H.W. Shad		DATE <u>1/22/07</u>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	M55 LLC		NAME		
STREET ADDRESS	2720 PARK STREET SUITE 205		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32205		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u>H.W. Shad</u>		H.W. Shad		DATE <u>1/22/07</u> 904-358-0610	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	