

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000091894

**FILED**  
**Mar 29, 2009**  
**Secretary of State**

**Entity Name:** 5 POINTS THEATRE MT, LLC

**Current Principal Place of Business:**

1022 PARK ST  
SUITE 201  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

1022 PARK ST  
SUITE 201  
JACKSONVILLE, FL 32204

**New Mailing Address:**

**FEI Number:** 20-3490588      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SHAD, H.W.  
1022 PARK ST  
SUITE 201  
JACKSONVILLE, FL 32204 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: M55 LLC  
Address: 1022 PARK ST, STE 201  
City-St-Zip: JACKSONVILLE, FL 32204

**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 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: H. W. SHAD III

MGRM

03/29/2009

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