

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002440

Entity Name: PHOENIX THEATRES, LLC

FILED  
Apr 29, 2005  
Secretary of State

**Current Principal Place of Business:**

111 CENTER PARK DR., STE. 1003  
KNOXVILLE, TN 37922

**New Principal Place of Business:**

**Current Mailing Address:**

111 CENTER PARK DR., STE. 1003  
KNOXVILLE, TN 37922

**New Mailing Address:**

FEI Number: 62-1844639

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: THOMPSON, R. KEITH  
Address: 111 CENTER PARK DR., STE. 1003  
City-St-Zip: KNOXVILLE, TN 37922

Title: MGRM (X) Delete  
Name: ZACHERETTI, PHILIP J  
Address: 111 CENTER PARK DR., STE. 1003  
City-St-Zip: KNOXVILLE, TN 37922

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ZACHERETTI, PHILIP J  
Address: 111 CENTER PARK DR., STE. 1003  
City-St-Zip: KNOXVILLE, TN 37922

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 Section 119.07(3)(i), 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: PHILIP J. ZACHERETTI

MGRM

04/29/2005

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