



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90041 009 ****55.00

DOCUMENT # L00000008238 1. Entity Name ENTERTAINMENT ZONE NO. 1, L.L.C.					
Principal Place of Business 201 SOUTH BISCAYNE BLVD., 34TH FLOOR MIAMI, FL 33131			Mailing Address 201 SOUTH BISCAYNE BLVD., 34TH FLOOR MIAMI, FL 33131		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 04282006 Chg-LLC CR2E083 (11/05)	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 65-1025915				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent FERRELL GROUP CORPORATE SERVICES, LLC 201 S BISCAYNE BLVD 34TH FLR MIAMI, FL 33131			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <u>FERRELL REAL ESTATE GROUP, LLC</u> 201 SOUTH BISCAYNE BLVD SUITE 3400 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Milton M. Ferrell, Jr. 201 S. Biscayne Blvd, Suite 3400 Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DA CASTIGLIONE, MAYRA C 201 S. BISCAYNE BLVD., 34TH FLOOR MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Mayra C. DeCastiglione</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/28/06 <u>Mayra C. DeCastiglione</u> <small>Date Daytime Phone #</small>		