2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L0000008238 1. Entity Name ENTERTAINMENT ZONE NO. 1, L.L.C.							05-02-2006	_		
Principal Plac	e of Business	Mailing Address								
201 SOUTH BISCAYNE BLVD., 34TH FLOOR 201 SOUTH BISCAYNE BMIAMI, FL 33131 MIAMI, FL 33131				34TH FLO	OR					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04282006	Chg-LLC	CR2E08	3 (11/05)	
City & State		City & State			4. FEI Number 65-1025915			- 	plied For t Applicable	
Zip	Country	Zip	Coun	try	*	5. Certificate	of Status Desired		5.00 Add ee Require	
	6. Name and Address of Current	Registered Agent		Nama		7. Name and	Address of New Re	gistered A	jent	
FERRELL GROUP CORPORATE SERVICES, LLC				Name						
	CAYNE BLVD 34TH FLR	20, 220		Street A	Street Address (P.O. Box Number is Not Acceptable)					
·	•									
				City				FL	Zip Code	е
	named entity submits this statement for	r the purpose of changing its	registere	ed office o	r register	ed agent, or bo	th, in the State of Flor	rida. I am fa	miliar with,	and accept
SIGNATURE .										
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registere	d Agent signat	ture required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State						
l							Florida	Departme	nt of State	•
9.	MAŅAGING MEMBE	RS/MANAGERS	10.				Florida ADDITIONS/0		nt of State	
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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.

305-371-8585

SIGNATURE: Maya C Do Castisliane
SIGNATURE AND TYPES OR PRATED NAME OF SIGNING MANAGING MEMORY, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/28/06 Maya C. Da Castiglion