

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
Secretary of State

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



03132007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1025915

Applied For

Not Applicable

5. Certificate of Status Desired



\$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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MILTON M. FERRELL, JR.
STREET ADDRESS 201 SOUTH BISCAYNE BLVD SUITE 3400
CITY-ST-ZIP MIAMI, FL 33131

TITLE S
NAME DA CASTIGLIONE, MAYRA C
STREET ADDRESS 201 S. BISCAYNE BLVD., 34TH FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

U000000739258
05/14/07-80019-012 55.00

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: Mayra C da Castiglione
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/24/07
Date

305-371-8585
Daytime Phone #