

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
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



01112008No Chg-LLC

CR2E083 (12/07)

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000937348

05/27/08-80046-016 143.75

9. MANAGING MEMBERS/MANAGERS

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

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

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IN THIS SPACE**

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, Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/29/08
Date

305-371-8585
Daytime Phone #