

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90027 039 ****55.00

DOCUMENT # L00000008239

1. Entity Name
ENTERTAINMENT ZONE NO. 2, 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

24065162



04062004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1025922

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERRELL GROUP CORPORATE SERVICES, LLC
201 S. BISCAYNE BLVD., STE 3400
MIAMI, FL 33131

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

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FERRELL GROUP HOLDING COMPANY LLC ☒ Delete
201 SOUTH BISCAYNE BLVD SUITE 3400
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
FERRELL REAL ESTATE GROUP, LLC ☒ Change ☐ Addition
201 S. Biscayne Blvd., Suite 3400
Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

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

Date

Daytime Phone #

Maya LaCartiglione **4/22/04** **305-371-8585**