

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90292 037 ****50.00

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1. Entity Name

TAMARAC SHOWPLACE MOVIE, LLC



Principal Place of Business

201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134

Mailing Address

2000 S. DIXIE HWY
STE 100
MIAMI FL 33133

40041164



03112005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1029408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FIELDSTONE, RONALD R
STREET ADDRESS 201 ALHAMBRA CIRCLE, SUITE 601
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE MGR
NAME GOUGHAN, LEO
STREET ADDRESS 450 N. PARK RD. SUITE 804
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE MGR
NAME ABBASSI, RAY
STREET ADDRESS 2000 S. DIXIE HWY, SUITE 100
CITY-ST-ZIP MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

3/16/05 305.856.5858
Date Daytime Phone #