

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2005 JUN 30 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000013589

1. Entity Name
SUNSTAR THEATRES CORAL SPRINGS, LLC



Principal Place of Business
770 RIVERSIDE DRIVE
CORAL SPRINGS, FL 33071

Mailing Address
100 NE 39TH STREET
MIAMI, FL 33137



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
65-1089609

Applied For
Not Applicable

Zip

Country

Zip

Country

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

KAUFMAN, BARNEY
100 N.E. 39 STREET
MIAMI, FL 33137 US

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 withdrawing)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONAL INFORMATION

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CLEMENT, MARK
100 NE 39TH STREET
MIAMI, FL 33137 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Steven Krams p
100 NE 39th Street
Miami, fla

Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Barney Kaufman
100 NE 39th Street
Miami, fla VP

Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Mark Clement VP
100 NE 39th Street
Miami, Fla

Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Osvaldo vacca Sec
100 NE 39th street
Miami, fla.

Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

03/14/05-- 90595--024--\$50.00

☐ 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)(f), 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 FILING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

U.F. 3 & 05 305-574-7339