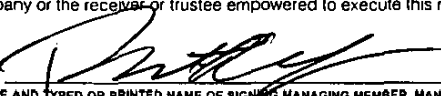


# 2006-LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90430 038 \*\*\*\*50.00

<b>DOCUMENT # L00000013589</b> 1. Entity Name <b>SUNSTAR THEATRES CORAL SPRINGS, LLC</b>					
Principal Place of Business <b>770 RIVERSIDE DRIVE CORAL SPRINGS, FL 33071</b>			Mailing Address <b>100 NE 39TH STREET MIAMI, FL 33137</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>5600 NW 32 AVE</b>  Suite, Apt. #, etc.			
City & State  Zip		City & State <b>MIAMI, FLA</b>  Zip <b>33142</b>		Country <b>USA</b>	
4. FEI Number <b>65-1089609</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KAUFMAN, BARNEY 100 NE 39TH STREET MIAMI, FL 33137</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  <b>5600 NW 32 AVE</b>  City <b>MIAMI</b> <b>FL</b> Zip Code <b>33142</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLEMENT, MARK 100 NE 39TH STREET MIAMI, FL 33137	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ALL 5600 NW 32 AVE MIAMI, FLA 33142</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLEMENT, MARK 100 NE 39TH STREET MIAMI, FL 33137	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRAMS, STEVEN 100 NE 39TH STREET MIAMI, FL 33137	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAUFMAN, BARNEY 100 NE 39TH STREET MIAMI, FL 33137	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VACCA, OSVALDO 100 NE 39TH STREET MIAMI, FL 33137	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b>  <b>2/28/06 305-614-4230</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					