


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000013589</b> 1. Entity Name <b>SUNSTAR THEATRES CORAL SPRINGS, LLC</b>	
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Principal Place of Business <b>770 RIVERSIDE DRIVE CORAL SPRINGS, FL 33071</b>	Mailing Address <b>5600 NW 32ND LN MIAMI, FL 33142</b>
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**DO NOT WRITE IN THIS SPACE**



01112007No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>65-1089609</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>KAUFMAN, BARNEY 5600 NW 32ND AVE MIAMI, FL 33142</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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)

**Filing Fee is \$50.00  
Due by May 1, 2007**

DATE  
01/24/07-80089-007 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLEMENT, MARK 5600 NW 32ND AVE MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLEMENT, MARK 5600 NW 32ND AVE MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRAMS, STEVEN 5600 NW 32ND AVE MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAUFMAN, BARNEY 5600 NW 32ND AVE MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VACCA, OSVALDO 5600 NW 32ND AVE MIAMI, FL 33142
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 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:**  **BARNEY KAUFMAN** 1-4102 305-614-4230  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #