2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000001497

1. Entity Name
SUNSTAR THEATRES NAPLES, LLC

Principal Place of Business	Mailing Address
5600 NW 32 AVE MIAMI, FL 33142	5600 NW 32 AVE MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE

01112007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number 65-1089606	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

KAUFMAN, BARNEY
5600 NW 32 AVE
MIAMI, FL 33142

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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)   DATE

Filing Fee is $50.00
Due by May 1, 2007

U00000598770
01/24/07-80089-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CLEMENT, MARK
STREET ADDRESS	5600 NW 32 AVE
CITY-ST-ZIP	MAIMI, FL 33137

TITLE	VP
NAME	CLEMENT, MARK
STREET ADDRESS	5600 NW 32 AVE
CITY-ST-ZIP	MAIMI, FL 33137

TITLE	P
NAME	KRAMS, STEVEN
STREET ADDRESS	5600 NW 32AVE
CITY-ST-ZIP	MAIMI, FL 33137

TITLE	VP
NAME	KAUFMAN, BARNEY
STREET ADDRESS	5600 SW 32 AVE
CITY-ST-ZIP	MAIMI, FL 33137

TITLE	S
NAME	VACCA, OSVALDO
STREET ADDRESS	5600 NW 32 AVE
CITY-ST-ZIP	MAIMI, FL 33137

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 1/11/07 305-614-4230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #