

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022186

FILED  
Apr 20, 2005  
Secretary of State

**Entity Name:** SHOWTIME THEATRES OF FLORIDA, LLC

**Current Principal Place of Business:**

40304 FISHER ISLAND DRIVE, #40304  
FISHER ISLAND, FL 33109

**New Principal Place of Business:**

**Current Mailing Address:**

40304 FISHER ISLAND DRIVE, #40304  
FISHER ISLAND, FL 33109

**New Mailing Address:**

429 LENOX AVENUE  
MIAMI, FL 33139

**FEI Number:** 65-0464517

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHEAR, DAVID  
201 ALHAMBRA CIRCLE, SUITE 601  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: COHEN, LEON  
Address: 40304 FISHER ISLAND DRIVE, #40304  
City-St-Zip: FISHER ISLAND, FL 33109

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: COHEN, LEON  
Address: 429 LENOX AVENUE  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LEON COHEN

MGR

04/20/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date