

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90591 018 \*\*\*\*50.00

<b>DOCUMENT # L02000015904</b> 1. Entity Name <b>SUNSTAR THEATRES SARASOTA LLC</b>																																																																																																																																			
Principal Place of Business <b>100 NE 39TH STREET MIAMI, FL 33137</b>				Mailing Address <b>100 NE 39TH STREET MIAMI, FL 33137</b>																																																																																																																															
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																																																																																																																	
City & State  Zip		City & State  Zip		4. FEI Number <b>75-3088533</b>																																																																																																																															
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																															
6. Name and Address of Current Registered Agent  <b>CLEMENT, MARK 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) City <span style="float: right;"><b>FL</b> Zip Code</span>																																																																																																																																
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10.</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGRM <input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">Steven Krams P</td> <td style="width: 10%;">change</td> <td style="width: 10%;"><input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>CLEMENT, MARK</td> <td>NAME</td> <td>100 NE 39th Street</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>770 RIVERSIDE DR</td> <td>STREET ADDRESS</td> <td>Miami, fla</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL SPRINGS, FL 33071</td> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Barney Kaufman</td> <td>change</td> <td><input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td>100 NE 39th Street</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td>Miami, fla VP</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Mark Clement VP</td> <td>change</td> <td><input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td>100 NE 39th Street</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td>Miami, Fla</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Osvaldo vacca Sec</td> <td>change</td> <td><input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td>100 NE 39th street</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td>Miami, fla.</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td>Change</td> <td><input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10.			TITLE	MGRM <input type="checkbox"/> Delete	TITLE	Steven Krams P	change	<input checked="" type="checkbox"/> Addition	NAME	CLEMENT, MARK	NAME	100 NE 39th Street			STREET ADDRESS	770 RIVERSIDE DR	STREET ADDRESS	Miami, fla			CITY-ST-ZIP	CORAL SPRINGS, FL 33071	CITY-ST-ZIP				TITLE	<input type="checkbox"/> Delete	TITLE	Barney Kaufman	change	<input checked="" type="checkbox"/> Addition	NAME		NAME	100 NE 39th Street			STREET ADDRESS		STREET ADDRESS	Miami, fla VP			CITY-ST-ZIP		CITY-ST-ZIP				TITLE	<input type="checkbox"/> Delete	TITLE	Mark Clement VP	change	<input type="checkbox"/> Addition	NAME		NAME	100 NE 39th Street			STREET ADDRESS		STREET ADDRESS	Miami, Fla			CITY-ST-ZIP		CITY-ST-ZIP				TITLE	<input type="checkbox"/> Delete	TITLE	Osvaldo vacca Sec	change	<input checked="" type="checkbox"/> Addition	NAME		NAME	100 NE 39th street			STREET ADDRESS		STREET ADDRESS	Miami, fla.			CITY-ST-ZIP		CITY-ST-ZIP				TITLE	<input type="checkbox"/> Delete	TITLE		Change	<input type="checkbox"/> Addition	NAME		NAME				STREET ADDRESS		STREET ADDRESS				CITY-ST-ZIP		CITY-ST-ZIP			
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11. I hereby certify that the information supplied with this filing does not qualify 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 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>V.A 3-3-05 305-573-7339</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																																																																																																																			