




**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L02000015904 1. Entity Name SUNSTAR THEATRES SARASOTA LLC		
Principal Place of Business 5600 NORTHWEST 32 AVENUE MIAMI, FL 33142 US		Mailing Address 5600 NORTHWEST 32 AVENUE MIAMI, FL 33142 US
DO NOT WRITE IN THIS SPACE		 01112007 No Chg-LLC CR2E083 (11/05)
		4. FEI Number 75-3068533 Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent CLEMENT, MARK 5600 NORTHWEST 32 AVENUE MIAMI, FL 33142		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
DO NOT WRITE IN THIS SPACE		
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 _____		
Filing Fee is \$50.00 Due by May 1, 2007 000000598761 01/24/07-80089-002 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLEMENT, MARK 770 RIVERSIDE DR CORAL SPRINGS, FL 33071	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRAMS, STEVEN 5600 NORTHWEST 32 AVENUE MIAMI, FL 33142	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KAUFMAN, BAYNEY 5600 NORTHWEST 32 AVENUE MIAMI, FL 33142	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLEMENT, MARK 5600 NORTHWEST 32 AVENUE MIAMI, FL 33142	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VACCA, OSVALDO 5600 NORTHWEST 32 AVENUE MIAMI, FL 33142	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  BAYNEY KAUFMAN 1-11-07 305-614-4230 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		