
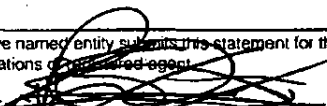
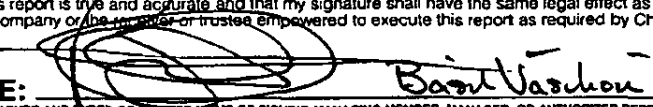


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

02-04-2004 90233 043 ****50.00

DOCUMENT # L03000031141					
1. Entity Name CINE BEACH LLC					
Principal Place of Business 1000 SOUTH POINTE DR, #3602 MIAMI BEACH FL 33139			Mailing Address 1000 SOUTH POINTE DR, #3602 MIAMI BEACH FL 33139		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0196982	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHORE, H. ALLAN ONE S.E. THIRD AVE, STE 2800 MIAMI FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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					
<div style="border: 1px solid black; padding: 5px; text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 </div>					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME
	Managing Director	1000 South Pointe Dr, #3602	Miami Beach Fla 33139		
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 authorized or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  27 Jan 2004					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					

34004340



MOORE CR2E083 (11/03)