

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000045414

1. Entity Name
SUNSTAR THEATRE HOLDINGS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 20 PM 3:13

Principal Place of Business
100 N.E. 39TH ST.
MIAMI, FL 33137

Mailing Address
100 N.E. 39TH ST.
MIAMI, FL 33137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02102005 Chg-LLC CF2E083 (10/03)

4. FEI Number
20-0406095

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KRAMS, STEVEN
100 N.E. 39TH ST.
MIAMI, FL 33137

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

Signature, typed or printed name of registered agent and use if applicable

(NOTE: Registered Agent signature required when releasing)

DATE

Filing Fee is \$80.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P
NAME KRAMS, STEVEN
STREET ADDRESS 100 NE 39 ST
CITY-ST-ZIP MIAMI, FL 33137 ☐ Delete

TITLE P
NAME Steven Krams
STREET ADDRESS 100 NE 39th Street
CITY-ST-ZIP Miami, fla ☐ Change ☐ Addition

TITLE ~~WKA~~
NAME KWFMAD, BARNET
STREET ADDRESS 100 NE 39 ST
CITY-ST-ZIP MIAMI, FL 33137 ☐ Delete

TITLE
NAME Barney Kaufman
STREET ADDRESS 100 NE 39th Street
CITY-ST-ZIP Miami, fla VP ☒ Change ☐ Addition

TITLE V
NAME CLONOUT, MARK
STREET ADDRESS 100 NE 39 ST
CITY-ST-ZIP MIAMI, FL 33137 ☐ Delete

TITLE VP
NAME Mark Clement
STREET ADDRESS 100 NE 39th Street
CITY-ST-ZIP Miami, Fla ☒ Change ☐ Addition

TITLE V
NAME VACCA, OROALDO
STREET ADDRESS 100 NE 39 ST
CITY-ST-ZIP MIAMI, FL 33137 ☐ Delete

TITLE
NAME Osvaldo vacca Sec
STREET ADDRESS 100 NE 39th street
CITY-ST-ZIP Miami, fla. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(1), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

38-00 305-573-2339

N. Culligan OCT 20 2005