



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90145 001 \*\*\*\*50.00

<b>DOCUMENT # L03000045414</b>					
<b>1. Entity Name</b> SUNSTAR THEATRE HOLDINGS, LLC					
<b>Principal Place of Business</b> 5600 NW 32 AVE MIAMI, FL 33142			<b>Mailing Address</b> 5600 NW 32 AVE MIAMI, FL 33142		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 20-0406095	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  KRAMS, STEVEN 5600 NW 32 AVE MIAMI, FL 33142				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				City <span style="float: right;"><b>FL</b></span> Zip Code	
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST- ZIP	<b>P</b> KRAMS, STEVEN 5600 NW 42 AVE MIAMI, FL 33142	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST- ZIP	5600 NW 32 AVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST- ZIP	<b>V</b> KAUFMAN, BARNEY 5600 NW 42 AVE MIAMI, FL 33142	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST- ZIP	5600 NW 32 AVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST- ZIP	<b>V</b> CLEMENT, MARK 5600 NW 42 AVE MIAMI, FL 33142	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST- ZIP	5600 NW 32 AVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST- ZIP	<b>S</b> VACCA, OSVALDO 5600 NE 42 AVE MIAMI, FL 33142	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST- ZIP	5600 NW 32 AVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b>  <b>BARNEY KAUFMAN</b> 1-11-07 305-614-4230					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					