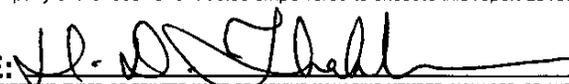


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90129 029 \*\*\*\*50.00

<b>DOCUMENT # L04000006444</b>			
1. Entity Name <b>OM CINEMAS, LLC</b>			
Principal Place of Business <b>6300 NORTH LOCKWOOD RIDGE RD. SARASOTA, FL 34232</b>		Mailing Address <b>6300 NORTH LOCKWOOD RIDGE RD. SARASOTA, FL 34232</b>	
2. Principal Place of Business <b>6300 NORTH LOCKWOOD RIDGE RD</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 51115</b> Suite, Apt. #, etc.	
City & State <b>SARASOTA, FL</b>		City & State <b>SARASOTA, FL</b>	
Zip <b>34232</b>		Zip <b>34232-0309</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>90-0138151</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>THAKKER, HARSHIT 6300 NORTH LOCKWOOD RIDGE RD. SARASOTA, FL <del>34232</del> 34243</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></span> 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 _____			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR THAKKER, HARSHIT 6300 NORTH LOCKWOOD RIDGE RD. SARASOTA, FL <del>34232</del> 34243</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM THAKKER, PRANAV 6300 NORTH LOCKWOOD RIDGE RD. SARASOTA, FL <del>34232</del> 34243</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM THAKKER, DILIP 6300 NORTH LOCKWOOD RIDGE RD. SARASOTA, FL <del>34232</del> 34243</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>4/27/05 941-993-2428</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	