2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006444

Entity Name: OM CINEMAS, LLC

City-St-Zip:

SARASOTA, FL 34243

FILED Mar 18, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6300 NORTH LOCKWOOD RIDGE RD. SARASOTA, FL 34243 **Current Mailing Address: New Mailing Address:** P.O. BOX 51115 SARASOTA, FL 34232 FEI Number: 90-0138151 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THAKKER, HARSHIT 6300 NORTH LOCKWOOD RIDGE RD. SARASOTA, FL 34243 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete THAKKER, HARSHIT Name: Name: Address: 6300 NORTH LOCKWOOD RIDGE RD. Address: SARASOTA, FL 34243 City-St-Zip: City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: THAKKER, PRANAV Name: Address: 6300 NORTH LOCKWOOD RIDGE RD. Address: City-St-Zip: SARASOTA, FL 34243 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition THAKKER, DILIP Name: Name: 6300 NORTH LOCKWOOD RIDGE RD. Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

SIGNATURE: H. D. THAKKER MGR 03/18/2006