
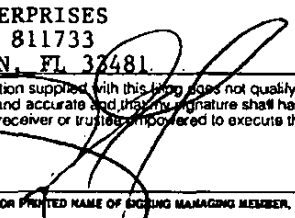


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 12, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90016 034 \*\*\*\*50.00

<b>DOCUMENT # L04000009365</b>			
1. Entity Name ENTERTAINMENT UNLIMITED, LLC			
Principal Place of Business 1000 N.W. 65TH STREET, SUITE 200 FT. LAUDERDALE, FL 33309		Mailing Address 1000 N.W. 65TH STREET, SUITE 200 FT. LAUDERDALE, FL 33309	
2. Principal Place of Business 1010 E. SAMPLE ROAD Suite, Apt. #, etc.		3. Mailing Address 2950 W. CYPRESS CREEK ROAD SUITE 102 City & State FT. LAUDERDALE, FL 33309	
City & State POMPANO BEACH, FL		City & State FT. LAUDERDALE, FL 33309	
Zip 33064	Country USA	Zip 33309	Country USA
6. Name and Address of Current Registered Agent GOLDING, STEPHEN M 1000 N.W. 65TH STREET, SUITE 200 FT. LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2950 W. CYPRESS CREEK ROAD, SUITE 102 City FT. LAUDERDALE, FL Zip Code 33309	
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 <small>Signature typed or printed name of registered agent and title if applicable</small>		DATE <small>(NOTE: Registered Agent signature required when re-registering)</small>	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAHN FAMILY LIMITED PARTNERSHIP 2950 W. CYPRESS CREEK ROAD, #102 FT. LAUDERDALE, FL 33309 <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	MGRM MC MARKETING, INC. 8333 N. MC NAB ROAD, #128 TAMARAC, FL 33321 <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	MGRM GOLDING FAMILY LIMITED PARTNERSHIP 2950 W. CYPRESS CREEK ROAD, #102 FT. LAUDERDALE, FL 33309 <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	MGRM ROBERT BERCIK 3145 REPS MILLER ROAD, SUITE A NORCROSS, GA 30071 <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	MGRM GERALD F. HERSEY 1314 E. LAS OLAS BLVD. FT. LAUDERDALE, FL 33301 <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	MGRM ALMAR ENTERPRISES P. O. BOX 811733 BOCA RATON, FL 33481 <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.			
SIGNATURE: 		4-15-05 954-545-6070	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

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04132005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0664345 Applied For Not Applicable

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