


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000009365 1. Entity Name ENTERTAINMENT UNLIMITED, LLC	
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Principal Place of Business 1010 E SAMPLE ROAD POMPANO BEACH, FL 33064	Mailing Address 1010 E SAMPLE ROAD POMPANO BEACH, FL 33064
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DO NOT WRITE IN THIS SPACE



01242007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0664345	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDING, STEPHEN M
2950 W CYPRESS CREEK RD, STE 102
FT. LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAHN FAMILY LIMITED PARTNERSHIP 2950 W CYPRESS CREEK RD, #102 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MC MARKETING, INC. 8333 N MC NAB RD, #128 FORT LAUDERDALE, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDING FAMILY LIMITED PARTNERSHIP 2950 W CYPRESS CREEK RD, #102 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERCIK, ROBERT 3145 REPS MILLER RD, STE A NORCROSS, GA 30071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERSEY, GERALD F 1314 E LAS OLAS BLVD FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALMAR ENTERPRISES PO BOX 811733 BOCA RATON, FL 33481

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04/03/07-80009-005 50.00

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.

SIGNATURE: _____ Date: 3/20/07 Daytime Phone #: 954.545.6070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STEPHEN M. GOLDING, MD PARTNER
GOLDING FAMILY LIMITED PARTNERSHIP