2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L04000036954

1. Entity Name SUNSTAR THEATRES FT MEYERS, LLC.



Principal Place of Business

100 NE 39TH STREET MAIMI, FL 33137-

sour >

Mailing Address

100-NE 39TH STREET MAIMI, FL 33137M. AMI F233142

5600NW 32 AUS

FILED Feb 27, 2006 8:00 am Secretary of State

02-27-2006 90430 031 ****50.00

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02092006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1137006 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CLEMENT, MARK 700 RIVERSIDE DRIVE CORAL SPRINGS, FL 33371

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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

Signature, typed or crinted name of registered agent and tale if applicable,

(NOTE: Rogistered Agent signature required when renstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE	PRES
NAME	KRAMS, STEVE
STREET ADDRESS	3600 CURTIS LANE
CITY-ST-ZIP	MAIMI, FL 33133
nne	VP
NAME	CLEMENT, MARK
STREET ADDRESS	770 RIVERSIDE DRIVE
CITY - ST - ZIP	CORAL SPRINGS, FL 33071
TITLE	TRES
NAME	KAUFMAN, BARNET
STREET ADDRESS	9760 SW 99TH STREET
CITY-\$1-ZIP	MAIMI, FL 33176
TITLE	SEC
NAME	VACCA, OSVALDO
STREET ADDRESS	705 CRANDON BLVD
CITY-ST-ZIP	MAIMI, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CHTY-ST-ZIP	
RTLE	
HAME	
STREET ADORESS	
CITY-ST-ZIP	
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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 it made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TURE AND TYPED OR PRINTED MAILS OF BIGHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/3/06

305-614-4230

Dose

Daytime Phone #