## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000050978

Entity Name: 5 POINTS THEATRE BUILDING, LLC

1546 LANCASTER ST. #1200

JACKSONVILLE, FL 32204

Address: City-St-Zip: FILED Mar 29, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
1022 PARI SUITE 201 JACKSON				
Current Mailing Address:		New Mailing Address	New Mailing Address:	
1022 PARI SUITE 201 JACKSON				
FEI Number:	: 54-2157373 FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Current Registered Agent:	Name and Address o	f New Registered Agent:	
The above		ne purpose of changing its registered	d office or registered agent, or both	
SIGNATUF				
0.0.0	Electronic Signature of Registered	Agent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete SHAD III, H. W. 5031 YACHT CLUB RD JACKSONVILLE, FL 32210	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MGR ( ) Delete SHAD IV, H.W. 2828 OAK ST JACKSONVILLE, FL 32205	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MGR ( ) Delete SHAD, JACK L 2826 OAK ST JACKSONVILLE, FL 32205	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: H. W. SHAD III MGRM 03/29/2009