

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062154

Entity Name: CINEMA LALLOUZ LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

PO BOX 460940
FORT LAUDERDALE, FL 33346

New Principal Place of Business:

1617 RIVER ROAD
TEANECK, NJ 07666

Current Mailing Address:

PO BOX 460940
FORT LAUDERDALE, FL 33346

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LALLOUZ, RHONDA
PO BOX 460940
FORT LAUDERDALE, FL 33346 US

Name and Address of New Registered Agent:

LALLOUZ, RHONDA
1009 SE 6TH STREET
FORT LAUDERDALE, FL 33301 US

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: RHONDA LALLOUZ

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LALLOUZ, RHONDA
Address: PO BOX 460940
City-St-Zip: FORT LAUDERDALE, FL 33346

Title: MGRM () Delete
Name: LALLOUZ, ELYAHOU
Address: PO BOX 460940
City-St-Zip: FORT LAUDERDALE, FL 33346

Title: MGRM () Delete
Name: ACKERSON, CHARLES
Address: PO BOX 460940
City-St-Zip: FT LAUDERDALE, FL 33346

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: RHONDA LALLOUZ

MGRM

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date