2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 12, 2005 8:00 am
Secretary of State

08-12-2005 90049 019 ****50.00

DOCUMENT # L04000079088

1. Entity Name
ORLANDO PREMIERE CINEMA LLC

Principal Place of Business
109 WEST 4TH STREET
BIG SPRING, TX 79720

Mailing Address
109 WEST 4TH STREET
BIG SPRING, TX 79720

2. Principal Place of Business: 3201 E. Colonial Dr.
Suite, Apt. #, etc.:
City & State: Orlando FL
Zip: 32803 Country:

3. Mailing Address: 109 W 4th St
Suite, Apt. #, etc.:
City & State: Big Spring Tx
Zip: 79720 Country: USA

08082005 Chg-LLC CR2E083 (10/03)

4. FEI Number: 04-3793933 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FRANCIS, THOMAS E
215 N EOLA DRIVE
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARY MOORE 600 Avondale Big Spring Tx 79720 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #