

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000082240

**FILED**  
**Nov 29, 2005**  
**Secretary of State**

**Entity Name:** ENTERTAINMENT REAL ESTATE TRUST, LLC

**Current Principal Place of Business:**

2711 SW 27TH AVENUE  
OCALA, FL 34474 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5130  
OCALA, FL 34478 US

**New Mailing Address:**

3101 SW 34TH AVE BOX 905-216  
OCALA, FL 34474 US

FEI Number: 55-0886449      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ANASTASIA, JOHN R  
3101 SW 34TH AVENUE  
OCALA, FL 34474 US

**Name and Address of New Registered Agent:**

ANASTASIA, JOHN R  
3101 SW 34TH AVENUE BOX 905-216  
OCALA, FL 34474 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: JOHN R ANASTASIA

11/29/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ANASTASIA, JOHN R  
Address: 3101 SW 34TH AVENUE  
City-St-Zip: Ocala, FL 34474 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ANASTASIA, JOHN R  
Address: 3101 SW 34TH AVENUE BOX 905-216  
City-St-Zip: Ocala, FL 34474 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN R ANASTASIA

MGRM

11/29/2005

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