




**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

|  |   |   |
|--|---|---|
| <b>DOCUMENT # L05000015781</b><br>1. Entity Name<br>21ST CENTURY FLIM COMPANY OCALA, LLC   |   |    |
| Principal Place of Business<br>5600 NW 32 AVE<br>MIAMI, FL 33142   | Mailing Address<br>5600 NW 32 AVE<br>MIAMI, FL 33142              |   |
| <b>DO NOT WRITE IN THIS SPACE</b>  |   | <br>01112007 No Chg-LLC CR2E083 (11/05) |
|  |   | 4. FEI Number<br>20-2382706<br>Applied For<br>Not Applicable  |
|  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                  |
| 6. Name and Address of Current Registered Agent<br><br>KAUFMAN, BARNET<br>5600 NW 32 AVE<br>MIAMI, FL 33142  |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   |   |
| Filing Fee is \$50.00 Due by May 1, 2007<br>000000598771<br>01/24/07-80089-009 50.00   |   |   |
| 9. MANAGING MEMBERS/MANAGERS   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>KRAMS, STEVEN<br>3600 CURTIS LANE<br>COCONUT GROVE, FL 33133 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>KAUFMAN, BARNET<br>9760 SW 99TH STREET<br>MIAMI, FL 33176    |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>CLEMENT, MARK<br>110 WASHINGTON AVE<br>MAJMI BEACH, FL 33137 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |
| 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 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:  BARNET KAUFMAN 1-11-07 305-614-4230<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> Date Daytime Phone #   |   |   |