

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

01-12-2006 90036 030 ****50.00

DOCUMENT # L05000091894 1. Entity Name 5 POINTS THEATRE MT, LLC					
Principal Place of Business 2720 PARK STREET STE 205 JACKSONVILLE, FL 32205			Mailing Address 2720 PARK STREET STE 205 JACKSONVILLE, FL 32205		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent SMITH HULSEY & BUSEY 225 WATER STREET STE 1800 JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$50.00 Due by May 1, 2008				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 2px;"> MANAGING MEMBER </div> <div style="border: 1px solid black; padding: 2px;"> MSS LLC </div> <div style="border: 1px solid black; padding: 2px;"> 2720 Park St, #205 </div> <div style="border: 1px solid black; padding: 2px;"> JACKSONVILLE, FL 32205 </div> <div style="text-align: right;"> <input type="checkbox"/> Delete </div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 2px;"> MANAGING MEMBER </div> <div style="border: 1px solid black; padding: 2px;"> MSS LLC </div> <div style="border: 1px solid black; padding: 2px;"> 2720 Park St, #205 </div> <div style="border: 1px solid black; padding: 2px;"> JACKSONVILLE, FL 32205 </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>	
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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: <u><i>HW Smith</i></u> managing member MSS, LLC <u>1/9/06</u> 388-2600					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <div style="display: flex; justify-content: space-between;"> Date Daytime Phone # </div>					

ATTACHMENT

300000230
#L05000091894



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2006

5 POINTS THEATRE MT, LLC
2720 PARK STREET STE 205
JACKSONVILLE, FL 32205

Subject: 5 POINTS THEATRE MT, LLC

Reference Number: L05000091894

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION