#### **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

### DOCUMENT # L06000029684

DALE & THOMAS AT THE GARDENS, LLC



Principal Place of Business

11701 LAKE VICTORIA GARDENS

**SUITE 4102** 

PALM BEACH GARDENS, FL 33410

Mailing Address

1 CEDAR LANE

ENGLEWOOD, NJ 07631

FILED 08 AUG 11 PM 1: 45

SCORETARY OF STATE TALLAHASSEE, FLORIDA



08012008 No Chg-LLC

CR2E083 (12/07)

Applied For 4. FEI Number 20-5714585 Not Applicable \$5.00 Additional 

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331



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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 Flo	orida. I am familiar with, and accept
the obligations of registered agent.	
SIGNATURE	

(NOTE: Registered Agent signature required when reinstating)

#### FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	STRUHL, WARREN
STREET ADDRESS	5200 TOWER CENTER CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	MGRM
NAME	POPCORN INDIANA, LLC
STREET ADDRESS	1 CEDAR LANE
CITY-ST-ZIP	ENGLEWOOD, NJ 07631
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby	certify that the information supplied with this filing does not qualify for the e

200134672932 08/20/08--01036--001 \*\*\$38.75

DATE

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I hereby certify that the information supplied with this filling 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. Arthrized

SIGNATURE:

Rup OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE

6-4-05

Daytime Phone #