



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90229 031 ***138.75

DOCUMENT # L07000047670			
1. Entity Name SEMINOLE THEATERS 8 LLC			
Principal Place of Business 5600 NW 32ND AVENUE MIAMI, FL 33142		Mailing Address 5600 NW 32ND AVENUE MIAMI, FL 33142	
2. Principal Place of Business - No P.O. Box # 7990 LIBERTY LANE		3. Mailing Address 9760 SW 98th	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SOMERWORTH FLA		City & State MIAMI FL	
Zip 33772	Country	Zip 33176	Country
6. Name and Address of Current Registered Agent KRAMS, STEVEN 5600 NW 32ND AVENUE MIAMI, FL 33142 1998 NE 150th MIAMI, FL 33181		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRER STEVEN KRAMS 1998 NE 150th 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRE. BARNEY KAUFMAN 9760 SW 98th MIAMI 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.P. 3/18/08 305-274-6529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #