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

## Apr 11, 2008 8:00 am Secretary of State DOCUMENT # M00000000849 04-11-2008 90183 038 \*\*\*138.75 RAVÉ MOTION PICTURES PENSACOLA, L.L.C. Principal Place of Business Mailing Address 60022259 6595 N W STREET 3333 WELBORN STREET, SUITE 100 PENSACOLA, FL 32505 **DALLAS, TX 75219** 01162008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-2887387 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required . 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE RAVE REVIEWS CINEMAS, L.L.C. NAME 3333 WELBORN STREET STE 100 STREET ADDRESS **DALLAS, TX 75219** CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TATLE NAME STREET ADDRESS DO NOT WRI CITY-ST-7IP TITLE IN THIS SPAC NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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: <