2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 24, 2006 08:00 AN
Secretary of State

DOCU	MENT	# M02	กกกกก	13093
DCCO	IVILIVI	# IVIUZ	.uuuu	JUUJU

1. Entity Name

RAVE MOTION PICTURES DESTIN, L.L.C.



Principal Place of Business

SIGNATURE:

333 WELBORN STREET, SUITE 100 DALLAS, TX 75219

Mailing Address

333 WELBORN STREET, SUITE 100 DALLAS, TX 75219



DO NOT WRITE IN THIS SPACE

07052006 No Chg-LLC

006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 14-1857109 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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)	DATE		
Filing Fee is \$50.00 Due by September 6, 2006			U00000571930 07/25/06-80009-008 50.00		
9.	MANAGING MEMBERS/MANAGERS				
TITLE	MGRM	<u> </u>	•		
NAME	RAVE REVIEWS CINEMAS, L.L.C.				
STREET ADDRESS	3333 WELBORN STREET, SUITE 100				
CITY-ST-ZIP	DALLAS, TX 75219				
TITLE					
NAME		!			
STREET ADDRESS					
CHY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	•		
TITLE					
NAME		4 . Th. Mal. 4	··· · · · · · · · · · · · · · · · · ·		
STREET ADDRESS		no.	NOT MOITE		
CITY-ST-ZIP		טט	NOT WRITE		
TITLE		ini '	THIS SPACE		
NAME		11.4	IIIIO OFACL		
STREET ADDRESS					
CITY-ST-ZIP					
THLE					
NAME	•	,			
STREET ADDRESS					
CITY+ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. 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 register or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					

G MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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