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Division of Corporations

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LLC REGISTERED AGENT CHANGE FLORIDA 2005 THEATERS LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: FLORIDA 2005	THEATERS LLC	
2. (a)	ONE VANDERBILT AVENUE	(b) ONE VA	NDERBILT AVENUE
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 3400	SUITE 34	00
	NEW YORK, NY 10017	NEW YO	RK, NY 10017
	03/11/2005	N105000001	328
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CORPORATION SERVICE COMPANY		
5. (a)	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET	f the Florida Dept. of Stat	- e:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	_
	TALLAHASSEE, FI	32301-2525 L	2022 OCT
(b)	C T Corporation System		API FOR API
(-,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	PPROVED FILED FILED SSEE FIGURES
	NEW Registered Office Address:		$\widetilde{\mathbb{R}} = \omega$
	1200 South Pine Island Road		` '0
	Plantation, FI	33324 L	_
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited la were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the registered offic iability company, it i of the limited liabilit climited liability cor	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in inpany.
Sign	/s/ David Lobe	David Lobe, auti	Printed or typed name of signee
I here provis the ob to mer notifie By:	by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It is a writing of this change. C T Corporation System /s/ Michele Holden Michele Holden, assist secretar are of Registered Agent	e performance of mived for in Chapter 60, hereby confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00

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