

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90219 014 \*\*\*\*50.00

<b>DOCUMENT # M05000003435</b> 1. Entity Name RIVER OAKS THEATER HOLDINGS, LLC					
Principal Place of Business 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146			Mailing Address 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-4301544	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  BOMSTEIN, BRIAN E ESQ 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUINT, DAVID 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/P QUINT, DAVID 4425 Ponce de Leon Blvd, 4th Flr. CORAL GABLES, FL 33146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP O'BRIEN, RICHARD 4425 PONCE DE LEON BLVD., 4TH FLR CORAL GABLES, FL 33146		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BOMSTEIN, BRIAN 4425 Ponce de Leon Blvd, 4th Flr. CORAL GABLES, FL 33146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP WEGNER, ROBERT A 4425 PONCE DE LEON BLVD., 4TH FLR CORAL GABLES, FL 33146		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP EVENSON, BRETT 4425 PONCE DE LEON BLVD., 4TH FLR CORAL GABLES, FL 33146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASV CARR, THOMAS F 4425 PONCE DE LEON BLVD., 4TH FLR. CORAL GABLES, FL 33146		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASV CARR, THOMAS F 4425 PONCE DE LEON BLVD., 4TH FLR. CORAL GABLES, FL 33146	
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.					
<b>SIGNATURE:</b> 			2/13/07 305 854-8880		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE DAYTIME PHONE #		

60015487



01102007 Chg-LLC CR2E083 (12/06)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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.

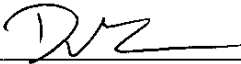
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2007**  
**Make check payable to Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUINT, DAVID 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP O'BRIEN, RICHARD 4425 PONCE DE LEON BLVD., 4TH FLR CORAL GABLES, FL 33146
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**SIGNATURE:**  2/13/07 305 854-8880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #

DAVID QUINT