

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003435

FILED
Jan 13, 2009
Secretary of State

Entity Name: RIVER OAKS THEATER HOLDINGS, LLC

Current Principal Place of Business:

4425 PONCE DE LEON BLVD., 4TH FLOOR
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

4425 PONCE DE LEON BLVD., 4TH FLOOR
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 13-4301544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOMSTEIN, BRIAN E ESQ
4425 PONCE DE LEON BLVD., 4TH FLOOR
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRP () Delete
Name: QUINT, DAVID
Address: 4425 PONCE DE LEON BLVD., 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33146

Title: SV () Delete
Name: BOMSTEIN, BRIAN E
Address: 4425 PONCE DE LEON BLVD., 4TH FLR.
City-St-Zip: CORAL GABLES, FL 33146

Title: ASV () Delete
Name: CARR, THOMAS F
Address: 4425 PONCE DE LEON BLVD., 4TH FLR.
City-St-Zip: CORAL GABLES, FL 33146

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVPS (X) Change () Addition
Name: BOMSTEIN, BRIAN E
Address: 4425 PONCE DE LEON BLVD., 4TH FLR.
City-St-Zip: CORAL GABLES, FL 33146

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVP () Change (X) Addition
Name: OPPENHEIM, ROBERT
Address: 4425 PONCE DE LEON BLVD., 4TH FLR
City-St-Zip: CORAL GABLES, FL 33146

Title: SVPT () Change (X) Addition
Name: FISCHER, JOHN H
Address: 4425 PONCE DE L.EON BLVD., 4TH FLR
City-St-Zip: CORAL GABLES, FL 33146

Title: SVP () Change (X) Addition
Name: GOLDMAN, JOEL
Address: 4425 PONCE DE LEON BLVD., 4TH FLR
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID QUINT

MGR

01/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date

NAME: River Oaks Theater Holdings, LLC.
DOCUMENT NO. M05000003435

| | | |
|----------------|---|--|
| TITLE | VP | <input checked="" type="checkbox"/> Addition |
| NAME | Williams, Marvin | |
| STREET ADDRESS | 4425 Ponce de Leon Blvd., 4 th Floor | |
| CITY-ST-ZIP | Coral Gables, FL 33146 | |

| | | |
|----------------|---|--|
| TITLE | VP | <input checked="" type="checkbox"/> Addition |
| NAME | Lominac, Eve | |
| STREET ADDRESS | 4425 Ponce de Leon Blvd., 4 th Floor | |
| CITY-ST-ZIP | Coral Gables, FL 33146 | |

| | | |
|----------------|---|--|
| TITLE | VP | <input checked="" type="checkbox"/> Addition |
| NAME | Glassman, Mark | |
| STREET ADDRESS | 4425 Ponce de Leon Blvd., 4 th Floor | |
| CITY-ST-ZIP | Coral Gables, Florida 33146 | |

| | | |
|----------------|---|--|
| TITLE | VP | <input checked="" type="checkbox"/> Addition |
| NAME | Spillis, George | |
| STREET ADDRESS | 4425 Ponce de Leon Blvd., 4 th Floor | |
| CITY-ST-ZIP | Coral Gables, FL 33146 | |