

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000003435

**FILED**  
**Jan 06, 2010**  
**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  
**Name:** QUINT, DAVID  
**Address:** 4425 PONCE DE LEON BLVD., 4TH FLOOR  
**City-St-Zip:** CORAL GABLES, FL 33146

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

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

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

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

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

I hereby 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:** BRIAN E. BOMSTEIN

SVPS

01/06/2010

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

# M05000003435

NAME:  
DOCUMENT NO.

River Oaks Theater Holdings, LLC  
M05000003435

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

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

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

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

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