### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT # M07000002299

PANAMA CITY THEATERS, L.L.C.



FILED Apr 21, 2008 08:00 Al Secretary of State

Principal Place of Business

305 BARONNE STREET

STE 900

NEW ORLEANS, LA 70112

Mailing Address

305 BARONNE STREET

STE 900

NEW ORLEANS, LA 70112



#### DO NOT WRITE IN THIS SPACE

01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-8504055

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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8. The above the obligat	enamed entity submits this statement for the purpose of chations of registered agent.	anging its registered office or registered agent, or bo	oth, in the State of Florida I am familiar with, and accept
SIGNATURE.			
	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		** *** *** *** *** *** *** *** *** ***	U00000911083 05/07/08-80028-001 138.75
9.0	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VSS-SOUTHERN THEATERS LLC 305 BARONNE STREET NEW ORLEANS, LA 70112		•
TITLE			

# DO NOT WRITE IN THIS SPACE

11: I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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 repeiver of trustee empowered to execute this report as required by Chapter 608. Florida Statutes

SIGNATURE:

STREET ADDRESS CITY+S1-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/15/04

504-297-1133

Daytime Phone