2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000550

1. Entity Name

4629 HOLLYWOOD ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 20 PM 1:25

Principal Place of Business
C/O ROBERT S. FORMAN
2101 WEST COMMERCIAL BLVD., SUITE 4100
FT. LAUDERDALE FL 33309

Mailing Address
C/O ROBERT S. FORMAN
2101 WEST COMMERCIAL BLVD. SUITE 4100
FT. LAUDERDALE FL 33309-3054

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-6299314 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FORMAN, ROBERT S ESQ. 2101 WEST COMMERCIAL BLVD., SUITE 4100 FT. LAUDERDALE FL 33309	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Capital Contributions as Shown on record. $5,000.00

10. Amount of Capital Contributions in FLORIDA to date.

MAKE CHECK PAYABLE TO DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
P99000030511 4629 HOLLYWOOD CORP. 2101 WEST COMMERCIAL BLVD., SUITE 4100 FT. LAUDERDALE FL 33309	STREET ADDRESS CITY-ST-ZIP
ST-ZIP	STREET ADDRESS CITY-ST-ZIP
ST-ZIP	STREET ADDRESS CITY-ST-ZIP
ST-ZIP	STREET ADDRESS CITY-ST-ZIP
ST-ZIP	STREET ADDRESS CITY-ST-ZIP
ST-ZIP	STREET ADDRESS CITY-ST-ZIP

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CR2E003 (9/99)

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: [signature] 5/1/00 954.963.2727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #