

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000010350**

1. Entity Name  
EQUITY HOLLYWOOD, LLC



Principal Place of Business  
2501 HOLLYWOOD BLVD  
STE 200  
HOLLYWOOD, FL 33020

Mailing Address  
2501 HOLLYWOOD BLVD  
STE 200  
HOLLYWOOD, FL 33020



**DO NOT WRITE IN THIS SPACE**

01302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1117549	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

TOLAND, HOWARD S ESQ.  
HALEY, SINAGRA & PEREZ, P.A.  
100 SOUTHEAST THIRD AVENUE, SUITE 1900  
FORT LAUDERDALE, FL 33394

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YOSIFOVE, YOSEF 2501 HOLLYWOOD BLVD STE 110 HOLLYWOOD, FL 33020
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100000620453  
02/09/07-80038-003 50.00

**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. 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.

**SIGNATURE:**

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

1.30.07

Date

954-922-0427

Daytime Phone #