2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000031349

1. Entity Name
OROT HOLLYWOOD LLC



FILED Apr 27, 2007 8:00 am Secretary of State 04-27-2007 90039 043 ****50.00

			"						
Principal Place of Business 18851 NE 29TH AVENUE, STE 900 AVENTURA, FL 33180		Mailing Address PO BOX 611510 MIAMI, FL 33261-151	_		60042608				
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-LLC		33 (12/06)	
City & State		City & State	City & State		04122007 4. FEI Numb	per		Ap	plied For
Zip	Country	Zip	Country	,	75-3096700 5. Certificate of Status Desired			\$5.00 Additional	
	6. Name and Address of Curre	nt Registered Agent	egistered Agent		7. Name and	d Address of New I	· · · · · · · · · · · · · · · · · · ·	ee Require	d
er realite and reasons of our out regulatured rights				Name		2 740,000 01 11011	togistorou /	Bour	
18851 NE 2	MARK E ESQ. 29TH AVENUE, STE 900 A, FL 33180		:	Street Address (P.O. Box Number is Not Acceptable)					
AVENTOR	A, I E 33100			-0"				1	
				City			FL	Zip Code	
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 ag	ent and title if applicable. (NOT	E: Registered A	sgent signature required	d when reinstating)		DATE		
	ling Fee is \$50.00 ue by May 1, 2007					l	ke check pa la Departme	•	B
9. MANAGING MEMBE		IBERS/MANAGERS	I RS/MANAGERS 10.			L. ADDITIONS	/CHANGES		
TITLE	MGRM	☐ Delete TITL						☐ Change	Addition
NAME STREET ADDRESS	GROSSKOPF, MANUEL 18851 NE 29TH AVE., #900		NAME	ADDRESS					
CITY-ST-ZIP	·		GITY-ST						
TITLE			TITLE				-	☐ Change	☐ Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET :	ADDRESS T. 7IP					
TITLE			TITLE	, 2.1				Change	Addition
NAME		L Delete	NAME					onange	
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP		Пъ	CITY-ST	1-ZIP				П 0>	- Ladica
TITLE NAME		L_I Delete	TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			CITY-ST	T-ZIP					
TITLE		☐ Delete	TITLE					Change	☐ Addition
NAME Street address			NAME STREET	ADDRESS					
CITY-ST-ZIP			CITY-ST	T-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS			NAME	ADDRESS					
CITY-ST-ZIP		14	CITY-SI						
11. I hereby of indicated limited lia	certify that the information supplied on this report is true and addynate a bility company or the receiver or tru	with this filling does not qualify to and that my signature shall have stee emdowered to execute this	or the exemple the same lost report as re	ptions contained legal effect as if r lequired by Chap	in Chapter 119 made under oat eter 608, Florida), Florida Statutes. I th; that I am a mana i Statutes.	further certify aging membe	that the info r or manage	ormation er of the
SIGNATURE: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \									

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGER, WANAGER, OR AUTHORIZED REPRESENTATIVE

Oaylime Phone #