

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90583 039 ****50.00

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DOCUMENT # L02000031349

1. Entity Name

OROT HOLLYWOOD LLC



Principal Place of Business

Mailing Address

17001 COLLINS AVENUE, STE 292
SUNNY ISLES BEACH FL 33160

17001 COLLINS AVENUE, STE 292
SUNNY ISLES BEACH FL 33160

2. Principal Place of Business

321 JEFFERSON ST.

3. Mailing Address

321 JEFFERSON ST.

Suite, Apt. #, etc.

2ND FLOOR

Suite, Apt. #, etc.

2ND FLOOR

City & State

Hollywood, FLA.

City & State

Hollywood, FLA.

Zip

33019

Country

U.S.A.

Zip

33019

Country

U.S.A.



CHECK HERE IF MAKING CHANGES

4. FEI Number

75-3096700

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROUSSO, MARK E ESQ.
3440 HOLLYWOOD BLVD, STE 360
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	SEAL, JOSE N	17001 COLLINS AVENUE, STE 292	SUNNY ISLES BEACH FL 33160	<input type="checkbox"/>
MGRM	GROSSKOPF, MANUEL	17001 COLLINS AVENUE, STE 292	SUNNY ISLES BEACH FL 33160	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		321 JEFFERSON ST. 2ND FLOOR	Hollywood, FLA. 33019	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		321 JEFFERSON ST. 2ND FLOOR	Hollywood, FLA. 33019	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 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:

Manuel Grosskopf
MANUEL GROSSKOPF

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

Date

Daytime Phone #

CR2E083 (10/02)