
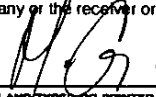


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90020 039 ****50.00

DOCUMENT # L02000031493			
1. Entity Name GSK HOLLYWOOD DEVELOPMENT GROUP, LLC			
Principal Place of Business 16241 NW 48TH AVE. MIAMI, FL 33014		Mailing Address 18851 N.E. 29TH AVE. 722 AVENTURA, FL 33180 US	
2. Principal Place of Business		3. Mailing Address P.O. Box 611510	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State North Miami, FLA.	
Zip	Country	Zip	Country
		33261-1510	U.S.A.
4. FEI Number 06-1673742		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROUSSO, MARK E ESQ. 3440 HOLLYWOOD BLVD. SUITE 360 HOLLYWOOD, FL 33021		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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAVANA, JOSE	NAME	
STREET ADDRESS	16241 NW 48TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33014	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESSO, MICHAEL	NAME	
STREET ADDRESS	16241 NW 48TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33014	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAAL, JOSE NORBERTO	NAME	
STREET ADDRESS	16241 NW 48TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33014	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSKOPF, MANUEL	NAME	
STREET ADDRESS	16241 NW 48TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33014	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			