

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031493

FILED  
Apr 20, 2010  
Secretary of State

**Entity Name:** GSK HOLLYWOOD DEVELOPMENT GROUP, LLC

**Current Principal Place of Business:**

1000 E HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 611510  
MIAMI, FL 332611510 US

**New Mailing Address:**

**FEI Number:** 06-1673742

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROUSSO, MARK E ESQ.  
1000 E HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33009 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KAVANA, JOSE  
Address: 1000 E HALLANDALE BEACH BLVD  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: MGR  
Name: BESSO, MICHAEL  
Address: 1000 E HALLANDALE BEACH BLVD  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: MGR  
Name: GROSSKOPF, MANUEL  
Address: 1000 E HALLANDALE BEACH BLVD  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: MGR  
Name: FISCHER, WALTER  
Address: 1000 E HALLANDALE BEACH BLVD  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: MGR  
Name: SOTOLONGO, DAISY M  
Address: 1000 E HALLANDALE BEACH BLVD  
City-St-Zip: HALLANDALE BEACH, FL 33009

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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

MGR

04/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date