

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 11, 2007 8:00 am**  
**Secretary of State**

09-11-2007 90037 001 \*\*\*100.00

**DOCUMENT # L03000035129**

**1. Entity Name**  
**HOLLYWOOD PARK PARTNERS, LLC**



**Principal Place of Business**  
**404 5TH AVE**  
**4TH FLOOR**  
**NEW YORK, NY 10018 US**

**Mailing Address**  
**404 5TH AVE**  
**4TH FLOOR**  
**NEW YORK, NY 10018 US**

30014000



09042007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**32-0092262**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

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

**LIEBER, OREN ESQ.**  
**555 N.E. 15 STREET**  
**SUITE 100**  
**MIAMI, FL 33132**

**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 September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGRM**  
**STIRLING 500, LLC**  
**404 5TH AVENUE, 4TH FLOOR**  
**NEW YORK, NY 10018**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGRM**  
**RW HOLLYWOOD LLC**  
**4706 18TH AVENUE, STE. 200**  
**BROOKLYN, NY 11204**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
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**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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

Date

Daytime Phone #