


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000052610</b> 1. Entity Name 1916 HOLLYWOOD LLC	
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Principal Place of Business C/O JENEL MANAGEMENT CORP. 275 MADISON AVENUE NEW YORK NY 10016	Mailing Address C/O JENEL MANAGEMENT CORP. 275 MADISON AVENUE NEW YORK NY 10016
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country

1st MOORE CR2E083 (10/05)

4. FEI Number <span style="float: right;"><input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied</span>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>FILINGS, INC.</b> <b>3732 N.W. 16TH STREET</b> <b>FT. LAUDERDALE FL 33311-4132</b>	7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____  City _____ <b>FL</b> 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 \_\_\_\_\_ (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, 2006**

9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGRM DUSHEY, JACK	275 MADSON AVE.	NEW YORK NY 10016				

000000412482  
02/10/06-80048-017 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 508, Florida Statutes.

SIGNATURE:  1-20-06 (212) 889-6405