

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 14, 2006 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE

08082006No Chg-LLC

CR2E083 (11/05)

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**

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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 6, 2006**

U000000574254
08/14/06-80007-001 50.00

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
NAME
STREET ADDRESS
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

JUDA Chetrit

8/9/06

Date

Daytime Phone #