

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000087219

**Entity Name:** HOLLYBROOK REALTY, LLC

**Current Principal Place of Business:**

9050 PINES BLVD  
SUITE 450-3  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

1601 FORUM PLACE, SUITE 500  
WEST PALM BEACH, FL 33401

**FEI Number:** 45-2867909

**Certificate of Status Desired:** No

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

LEVY, MARK  
1601 FORUM PLACE, SUITE 500  
WEST PALM BEACH, FL 33401 US

*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

**Authorized Person(s) Detail :**

Title           MANAGING MEMBER  
Name           QUAD REALTY INVESTMENTS, INC.  
Address        1601 FORUM PLACE, SUITE 500  
City-State-Zip: WEST PALM BEACH FL 33401

Title           MGR  
Name           LEVY, MARK F  
Address        1601 FORUM PLACE, SUITE 500  
City-State-Zip: WEST PALM BEACH FL 33401

Title           MGR  
Name           JAIVEN, JACK  
Address        1601 FORUM PLACE, SUITE 500  
City-State-Zip: WEST PALM BEACH FL 33401

Title           MGR  
Name           SCHACHTER, BEN G  
Address        1601 FORUM PLACE, SUITE 500  
City-State-Zip: WEST PALM BEACH FL 33401

Title           MGR  
Name           SPATZ, BARRY  
Address        9050 PINES BLVD  
                  SUITE 450-3  
City-State-Zip: PEMBROKE PINES FL 33024

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JACK JAIVEN

VP

04/15/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date