

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

**DOCUMENT # A06390**

**1. Entity Name**

HOLLYWOOD FINANCIAL PLAZA, LTD.



FILED

04 MAY 20 PM 1:35

SEC. OF STATE  
TALLAHASSEE FLORIDA

MJB

**Principal Place of Business**

% ALAN L. SHULMAN  
777 S. FLAGLER DR., SUITE 1200, EAST  
WEST PALM BEACH FL 33401

**Mailing Address**

% ALAN L. SHULMAN  
777 S. FLAGLER DR., SUITE 1200, EAST  
WEST PALM BEACH FL 33401

**2. Principal Place of Business**

377 NORTH LAKE WAY

Suite, Apt. #, etc.

**3. Mailing Address**

377 NORTH LAKE WAY

Suite, Apt. #, etc.

**City & State**

PALE BEACH FL.

**City & State**

PALE BEACH FL.

**Zip**

33480

**Country**

U.S.A

**Zip**

33480

**Country**

U.S.A

**4. FEI Number**

59-1373972

**Applied For**

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

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

SHULMAN, ALAN L  
777 S. FLAGLER DR., SUITE 1200, EAST TWR.  
WEST PALM BEACH FL 33401

**7. Name and Address of New Registered Agent**

**Name**

ALAN L. SHULMAN

**Street Address (P.O. Box Number is Not Acceptable)**

377 NORTH LAKE WAY

**City**

PALE BEACH

FL

**Zip Code**

33480

**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.

ALAN L. SHULMAN

4/2/04

DATE

**9. Capital Contributions  
as Shown on record.**

\$10,000.00

**10. Amount of Capital Contributions  
in FLORIDA to date.**

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

**DOCUMENT #**  
**NAME** SHULMAN, ALAN L  
**STREET ADDRESS** 377 NORTH LAKE WAY  
**CITY-ST-ZIP** PALE BEACH FL 33480

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**13. ADDRESS CHANGES ONLY**

**STREET ADDRESS**

**CITY-ST-ZIP**

700037852537  
06/10/04--01082--022 \*\*158.75

**STREET ADDRESS**

**CITY-ST-ZIP**

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**STREET ADDRESS**

**CITY-ST-ZIP**

**14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ALAN L. SHULMAN

Date

4/2/04

Daytime Phone #

861-820-9446

STAPLE CHECK HERE