


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A06390</b> 1. Entity Name <b>HOLLYWOOD FINANCIAL PLAZA, LTD.</b>	
--	---

Principal Place of Business <b>377 NORTH LAKE WAY PALM BEACH FL 33480</b>	Mailing Address <b>377 NORTH LAKE WAY PALM BEACH FL 33480</b>
--	--



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/06)

4. FEI Number <b>59-1373972</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SHULMAN, ALAN L 377 NORTH LAKE WAY PALM BEACH FL 33480</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.

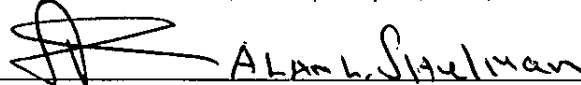
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>SHULMAN, ALAN L 377 NORTH LAKE WAY PALM BEACH FL 33480</b>	STREET ADDRESS	<b>000000727295 05/04/07-80041-022 500.00</b>
NAME			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
CITY-ST-ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**  **4/19/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE