


**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A06390	
1. Entity Name HOLLYWOOD FINANCIAL PLAZA, LTD.	

FILED
03 MAY -6 PM 7:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

DO NOT WRITE IN THIS SPACE


2. Principal Place of Business c/o A. Shulman 777 South Flagler Drive	Mailing Address c/o Alan Shulman 777 South Flagler Drive
Suite, Apt. #, etc. Suite 1200 - East Tower	Suite, Apt. #, etc. Suite 1200 - East Tower
City & State West Palm Beach	City & State West Palm Beach
Zip 33401	Country USA

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-1373972	Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name Alan L. Shulman Street Address (P.O. Box Number is Not Acceptable) 777 South Flagler Dr., Suite 1200 East Tower City West Palm Beach FL Zip Code 33401	

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  **Alan L. Shulman** **4/25/03**
Signature, typed or printed name of registered agent and title if applicable. DATE


9. Capital Contributions as Shown on record. \$10,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$10,000.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 STREET ADDRESS CITY - ST - ZIP	Alan L. Shulman 777 S. Flagler Dr., Suite 1200 E West Palm Beach, FL 33410
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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:  **Alan L. Shulman** **4/25/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003B (12/02)