CF MOUS (MAN)

DOCUMENT # A20933 1. Entity Name HOLLYWOOD PROPERTY ASSOCIATES, LTD.						
				FILED		
Principal Place of Business 3620 N. 53 AVENUE HOLLYWOOD FL 33021		Mailing Address 3620 N. 53 AVENUE HOLLYWOOD FL 33021-2336			00 JUN 19 PM 4: 20 SECRETARY OF STATE	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number 59-2623893 Applied For Not Applicable	
Zip	Country	Zip	Country	y	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current Re	gistered Agent		Name	7. Name and Address of New Registered Agent	
AGRO DEVELOPMENT CORPORATION				Name —		
3620 N. 53 AVENUE				Street Address (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33021				· · · · · · · · · · · · · · · · · · ·		
				City	FL Zip Code	
SIGNATURE _ 9. Capital Cor as Shown of		10. Amount of Capital in FLORIDA to dat	Contribu		required when reinstating) DATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A GENERAL PARTNER THA	AT IS A BUSINESS ENT	ITY MU	ST BE RE	GISTERED AND ACTIVE WITH THIS OFFICE. Iment must be filed to change a general partner.	
12.	GENERAL PARTNER IN		13.		ADDRESS CHANGES ONLY	
DOCUMENT# NAME	M04883 AGRO DEVELOPMENT CORP. 3111 STIRLING RD S B132 FT. LAUDERDALE FL		STREET	T ADDRESS	3620 N,53 AUE	
STREET ADDRESS CITY - ST - ZUP			CITY-S	ST-ZIP	HOLLYWOOD FL 33021	
Document# Name	M21601 PREFERRED PEMBROKE PROP. 4651 SHERIDAN ST. #305 HOLLYWOOD FL COMPANDATOR		STREET	FADDRESS .	1000032985417	
STREET ADDRESS CITY-ST-ZIP	4651 SHERIDAN ST. #305 ON HOLLYWOOD FL	jed 6-19-00	стү-з	ST-21P	****526.25 ****526.25	
Document#~~ . Name	PINETREE ASSOCIATES	الم رياسة المراس		T ADDRESS	3620 N. 53 AVE	
STREET ADDRESS CITY-ST-ZIP	3111 STIRUNG RD S B132 FT. LAUDÉRDALE FL		CITY-S	sr-ZIP	HOLLYWOOD FL 3302-1	
DOCUMENT# NAME			STREET	FADDRESS		
STREET ADDRESS CITY-ST-ZIP	·		CITY+S	ST-ZIP		
DOCUMENT# NAME			STREET	T ADDRESS	<u> </u>	
STREET ADDRESS CITY-ST-ZIP	<u> </u>		¢пү-з	3T - ZIP		
DOCUMENT# NAME			STREET	T ADIDRESS		
STREET ADDRESS CITY - ST - ZIP			CITY-S			
14. I hereby of included	certify that the information supplied with thi on this report is true and accurate and tha	s filing does not qualify for the my signature shall have the	ne exem	ption stated legal effect	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information as if made under oath; that i am a General Partner of the limited partnership or	

Amnon Golan 4/28/00 (954) 981-0700