

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 MAY -2 PM 3:15

4/5/14

DOCUMENT # **A20933**

1. Entity Name  
**HOLLYWOOD PROPERTY ASSOCIATES, LTD**

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1911 COLLINS AVE**

3. Mailing Address  
**1911 COLLINS AVE**

**DUE BY MAY 1**

Suite, Apt. #, etc.  
**801**

Suite, Apt. #, etc.  
**801**

City & State  
**SUNNY ISLES BCH, FL**

City & State  
**SUNNY ISLES BCH, FL**

4. FEI Number  
**59-2623893**

Applied For  
Not Applicable

Zip  
**33160**

Country

Zip  
**33160**

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**AGRO DEVELOPMENT CORP.**

Street Address (P.O. Box Number is Not Acceptable)  
**11860 W. STATE RD 84**

**B-15**

City  
**DAVIE**

**FL**

Zip Code  
**33325**

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.

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

DATE

9. Capital Contributions as Shown on record. **1,050,845.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO 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.**

GENERAL PARTNER INFORMATION

DOCUMENT # **M04883**  
NAME **AGRO DEVELOPMENT CORP**  
STREET ADDRESS **11860 W. STATE RD 84 #B-15**  
CITY-ST-ZIP **DAVIE, FL 33325**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**900005577399--9**  
**-05/21/02--01062--021**  
**\*\*\*526.25 \*\*\*526.25**

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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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)(f), 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

Date: **5/1/02** 954-382-0020  
Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/01)