

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

DOCUMENT # A20933

1. Entity Name

HOLLYWOOD PROPERTY ASSOCIATES, LTD

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY -2 PM 3:15

4/5/14

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19111 COLLINS AVE

3. Mailing Address

19111 COLLINS AVE

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

801

Suite, Apt. #, etc.

801

DUE BY MAY 1

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.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

M04883
AGRO DEVELOPMENT CORP
11860 W. STATE RD 84 #B-15
DAVIE, FL 33325

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**DO NOT WRITE
IN THIS SPACE**

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

Date

5/1/02 954-382-0020

Daytime Phone #

CR2E003B (12/01)

STAPLE CHECK HERE