2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

FILED Apr 22, 2008 08:00 AN Secretary of State

| Due By May 1, 2008 | | | | Apr 22, 2008 08:0 | | |
|---|--|---|------------------------|---------------------------------------|--|--|
| DOCUMENT # A9800000887 1. Entity Name HOLLYWOOD BEACH GARAGE LIMITED PARTNERSHIP | | | | | Secretary of St | |
| | | | | | | |
| Principal Place 300 W 43RD SUITE 400 NEW YORK, I | | Mailing Address 300 W 43RD ST SUITE 400 NEW YORK, NY 10036 | | # 1680 HALL BEIGH HALL BALL | III 2013 BSIK BBJB (BIB) IBKI KBJB KBJB 6 1001 | |
| eggs (| | | | | | |
| DO NOT WRITE IN THIS SPA | | | CE | 04142008 No Chg-LP | CR2E003 (12/06) | |
| Tree in the | O NOT WINTE | | CL | 4. FEI Number 52-2095816 | Applied For Not Applicable | |
| | , ; | * | * | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| | 6. Name and Address of Current R | egistered Agent | | | 李宝秋歌美。这是这一 。 | |
| NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 | | | | DO NOT W | 3、 " " " " " " " " " " " " " " " " " " " | |
| WESTON, | FL 33331 | | , | IN THIS SI | | |
| | e named entity submits this statement for titions of registered agent. | he purpose of changing its registe | red office or register | red agent, or both, in the State of F | lorida. I am familiar with, and accept | |
| SIGNATURE | Signature, typed or printed name of registered agent and | 1 title il appicable | | | DATE | |
| | | !! FEE IS \$500.00 08, Fee will be \$900.00 | | | | |
| | A GENERAL PARTNER TH NOTE: General Partners MAY | | | TERED AND ACTIVE WITH T | | |
| 12. | GENERAL PARTNER I | NFORMATION | | | | |
| DOCUMENT / NAME | RB HOLLYWOOD BEACH, INC. | 2) 12: | | | | |
| STREET ADDRESS | 300 WEST 43RD STREET, 4TH FL | OOR | 1 | | | |
| CITY-ST-ZIP | NEW YORK, NY 10036 | 基 | | | 0914125 -80041-022 500:00 | |
| DOCUMENT # | | 5.3 | | | ###################################### | |
| NAME | | | Kirker Carlotte | | | |
| STREET ADDRESS CITY-ST-ZIP | | ν, ε. (· | | | | |
| DOCUMENT # | | | | | | |
| STREET ADDRESS | | | | DO NOT W | RITE | |
| CITY - ST - ZIP | | | | | 5 7 7 3 3 4 3 3 4 3 3 3 3 3 3 3 3 3 3 3 3 | |
| DOCUMENT # | | | | IN THIS SP | ACE | |
| NAME | | } , | | | | |
| STREET ADDRESS CITY-ST-ZIP | | . • | | | | |
| DOCUMENT # | | ·: | | | | |
| NAME | | . . | | | | |
| STREET ADDRESS | | 1 '. | * | | | |
| CITY - ST - ZIP | 1 | ٠ ، | | こうさんりょう | 人名 化色色混合物 化硫酸二二甲 | |

14. 1 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:

STAPLE CHECK HERE

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1947 4/14/

2(2-247-4910

Daytime Phone #