FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 DEC 28 PM 3:11

1. Name of Limited Partnership

1a. DOCUMENT # B96000000280

HOLLYWOOD HILLS PLAZA LIMITED PARTNERSHIP

Mailing Address
~~1999 AVENUE OF THE STARS SUITE 1200~~
~~LOS ANGELES CA 90067~~

Principal Office Address
~~200 SOUTH PARK RD., STE 200~~
~~HOLLYWOOD FL 33021~~

2. Mailing Address
200 S. Park Road
Suite, Apt #, etc
#200
City & State
Hollywood, FL
Zip 33021 Country USA

2a. Principal Office Address
200 S. Park Road
Suite, Apt #, etc
#200
City & State
Hollywood, FL
Zip 33021 Country USA

3. Date Formed or Registered: 07/18/1996

3a. Date of Last Report: 12/12/1997

4. State or Country of Formation: DE

5a. Capital Contributions as Shown on record: $20,794,458.00

5b. Amount of Capital Contributions in FLORIDA to date: $20,919,458.00

6. FEI Number: 95-4588575 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired XX $8.75 Additional Fee Required

8. Make check payable to Dept of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. If changed, new Registered Agent Office

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt #, etc
City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration Document Number
HHP GENPAR, INC.	1999 AVENUE OF THE ST	LOS ANGELES CA 90067	F96000003658

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-01/14/99--01108--001
***2285.00 ****535.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

By: HHP Genpar, Inc.

SIGNATURE [signature] DATE December 15, 1998

Typed or Printed Name of General Partner Signing Form: Mark M. Hedstrom, VP

Daytime Telephone Number (954) 981-1000

CR2E003 (8/98)