


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90053 023 ****50.00

| | | | | | |
|---|--------------------|---------------------------------|--|---|--|
| DOCUMENT # L02000008357 | | | |  | |
| 1. Entity Name HOLLYWOOD ISLAND PROFESSIONAL LLC | | | | | |
| Principal Place of Business 1610 SEAGRAPE WAY HOLLYWOOD FL 33019 | | | Mailing Address 1610 SEAGRAPE WAY HOLLYWOOD FL 33019 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 47-0860358 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ULFARSSON, OLGA 1610 SEAGRAPE WAY HOLLYWOOD FL 33019 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| <div style="border: 1px solid black; padding: 5px; text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 </div> | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ULFARSSON, JACOB | | NAME | | |
| STREET ADDRESS | 1610 SEAGRAPE WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | HOLLYWOOD FL 33019 | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ULFARSSON, OLGA | | NAME | | |
| STREET ADDRESS | 1610 SEAGRAPE WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | HOLLYWOOD FL 33019 | | CITY-ST-ZIP | | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ULFARSSON, OLAF | | NAME | | |
| STREET ADDRESS | 1610 SEAGRAPE WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | HOLLYWOOD FL 33019 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Olga Ulfarsson
4/20/04 954-9664020