2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

. ANNUAL REPORT (AR)				FILED			
DOCUMENT # L02000012174 1. Entity Name				Apr 10, 2006 08:00 AM Secretary of State			
HOLLYW	OOD INTERIORS, L.L.C.				; ;		
Principal Place of Business		- Mailing Address					
1812 DEL MAR COURT MIRAMAR BEACH FL 32550		1812 DEL MAR CT, MIRAMAR BEACH FL 32550					
2. Principal Place of Business		3. Mailing Address		\$ 138/5/6/	1011 110 15 15 15 15 15	IS MUSBE HUBS 19485 19855 38435 85	SSN\$ 5% (SS1
Suite, Apt. ff, etc.		Suite, Apt 4, etc.		1st i	MOORE C	R2E083 (10/05)	
City & State		City & State		4. FEI Number	01-0694442	1 . 1 .	oplied For or Applicabl
Zip	Country	Zip	Country	5. Cenificate o	Status Desired	\$5.00 Add	
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and A	ddress of New Reg	Jistered Agent	
HARRIS, ROBERT H 1812 DEL MAR CT MIRAMAR BEACH FL 32550				(P.O. Box Number	ls Not Acceptable)		
With	AMAR BEACH FL 32330						
			City			FL Zip Cod	le
	named entity submits this statement fi tions of registered agent.	or the purpose of changing its re	gistered office or registe	ered agent, or both	in the State of Florid	fa. I am familiar with,	and accept
SIGNATURE	Signature, type of or printed name of registered agen	t end (de d applicable. (NOTE 6	Registered Agent signature require	ed when reinstating)	,	OATE .	
			V!!! FEE IS \$50.00		į · · · · · · · · · · · · · · · · · · ·		
		Make Check Payable Due I	to Florida Departme By May 1, 2006	ent of State	-		
9.	MANAGING MEMB	and the second s	10.	<u> </u>	ADDITIONS/C	HANGES	
TITLE NAME	MGRM HARRIS, ROBERT H	☐ Delete	HILE		{	☐ Change	☐ Addition
STREET ADDRESS	1812 DEL MAR CT.	**	Street address				
CITY-ST-ZIP	MIRAMAR BEACH FL 32550		CITY-ST-ZIP		<u> </u>	C Observe	7 - 3 Juliania
NAME STREET ADDRESS UNY-SY-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ũ	 U00000433 4/24/08-800	□ Change 1376 128-006 50.00	∴ Addition
SIJEC		— Delete	TILE		<u>:</u>	☐ Change	Addition
NAME STREET AUDRESS CRY-ST-ZIP			NAME STREET AODRESS CITY-ST-ZIP				
TABLE		☐ Delete	វោរួម			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY - ST - ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
STREET ADDRESS CITY+ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		t t	☐ Change	. Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			C)TY-S7-ZIP		1		
ndicated	certify that the information supplied wi on this report is true and accurate ar bility company or the receiver or trust	id that my bionature shall have t	he same legal effect as	if made under oati	n; that I am a manag	orther certify that the figing member or mana	nformation ager of the

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