2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #L02000017725

1. Entity Name

HOLLYWOOD HILLS APARTMENTS, L.L.C.



FILED Sep 11, 2003 8:00 am Secretary of State

09-11-2003 90043 040 ****50.00

ļ	•	•			/	1	ILE	\ ,				
Principal Place of Business Mailing Address						· · · · · · · · · · · · · · · · · · ·]				
4050 N. 50TH AVENUE HOLLYWOOD FL 33021				4050 N. 50TH AVENUE HOLLYWOOD FL 33021							-	
2. Principal P	lace of Busin	ess	<u></u>	. Mailing Address								
2. This part lade of Edwiness								1 189158	II DII ABIIA ISDII DULII AAIIS	68 151 88191 11 9 11		.W1 W111 10W1
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State				4. FEI Number 850 76 Applied For Not Applicable				
Zip Country				Zip	itry		5. Certifica	te of Status Desired		\$5.00 Add Fee Require		
	6. Name	and Address of Curre	ent Reg	istered Agent				7. Name ar	d Address of New F	Registered A	gent	
ROBERTS, NORMAN T						Name			•			
50 W		TA DRIVE, SUITE 4				Street A	ddress (F	P.O. Box Num	ber is Not Acceptable	9)		
					City				FL	Zip Code	e	
8. The above the obligation	named entity ions of regist	y submits this statemen ered agent.	nt for the	purpose of changing its	register	ed office or	registere	ed agent, or b	oth, in the State of Flo	orida. I am fa	amiliar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered as	ent and ti	tle if applicable. (NOTi	: Registere	d Agent sig∩ati	re required	when reinstating)		DATE		
				FILE NOW!!! FEE IS \$50.00								
				Make Check Payable to Florida Departmen				nt of State				
ų.				Due By	Septe	mber 24,	2003			·		{
9.	MANAGING MEMBERS/MANAGERS				10.				ADDITIONS	/CHANGES		
TITLE			☐ Delete		TITL	1		R 2011 1 0	East		☐ Change	Addition
NAME STREET ADDRESS	ı	•				ET ADDRESS	100		AUE			
CITY-ST-ZIP	_				CITY	-ST-ZIP	Hot	if week	FL 33021	' 		
TITLE				☐ Delete	TITL		ું ભૂ	de co	164		☐ Change	Addition
NAME STREET ADDRESS					NAM STRE	E Et address	KE.	13 100	ALE			
CITY-ST-ZIP	· ~~~~			يه يې د غيومليغه ۱۰۰ سال		-ST-ZIP	Hol	il wa	0 FT 33	021- =		1
TITLE				☐ Delete	TITL	E ,	-1-1				☐ Change	☐ Addition
NAME					NAM	_						
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP						
TITLE	<u> </u>			Delete	TITL						☐ Change	Addition
NAME				<u> </u>	NAM						_ ,	
STREET ADDRESS				•		ET ADDRESS	'					
CITY-ST-ZIP					┪—	-ST-ZIP					☐ Change	Addition
TITLE Name				☐ Delete	TITLI NAM						Change	☐ Audilion
STREET ADDRESS	l 				ŞTRE	ET ADDRESS	I					\
CITY-ST-ZIP					CITY	-ST-ZIP						
TITLE NAME				☐ Delete	TITLI NAM						☐ Change	☐ Addition
STREET ADDRESS	•	*				ET ADDRESS				÷		{
CITY-ST-ZIP					CITY	-ST-ZIP						
11. I hereby o	ertify that the	information supplied	with this	filing does not qualify for	the exe	mption stat	ed in Sec	ction 119,07(3	3)(i), Florida Statutes.	I further cert	ify that the ir	nformation

11. Thereby 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 truetee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER HANAGER, OR AUTHORIZED REPRESENTAL

9/1/07

954 648-3900

Daytime Phone #

2F083 (4/n3)