

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED  
Apr 13, 2005 8:00 am  
Secretary of State**

04-13-2005 90213 033 \*\*\*\*50.00

**DOCUMENT # L03000035730**

1. Entity Name  
**FRIENDLY PROPERTIES HOLLYWOOD, LLC**



Principal Place of Business  
955 SOUTH NORTHLAKE DRIVE  
HOLLYWOOD, FL 33019-1312

Mailing Address

955 SOUTH NORTHLAKE DRIVE  
HOLLYWOOD, FL 33019-1312

2. Principal Place of Business

**1601 Harrison St**

3. Mailing Address

**POB 221310**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Hollywood FL**

City & State

**Hollywood FL**

Zip

**33020**

Country

**USA**

Zip

**33022**

Country

**USA**

02232005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20-0248545**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRIEND, LAWRENCE  
955 SOUTH NORTHLAKE DRIVE  
HOLLYWOOD, FL 33019-1312**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRIEND, LOUIS 1411 HARRISON ST HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRIEND, LARRY 955 S. NORTHLAKE DR HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

*Louis Friend*

*4/8/05 954 929  
0538*

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

Date

Daytime Phone #