2005 LIMITED LIABILITY COMPANY

Jan 24, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # L03000037347 1. Entity Name 2328 HOLLYWOOD_LLC Principal Place of Business Mailing Address 49 PEACH DR. 49 PEACH DR. ROSLYN, NY 11576 ROSLYN, NY 11576 01122005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HALPERN, ARON DO NOT WRITE 1500 S. OCEAN DR., APT. 14K HOLLYWOOD, FL 33019 IN THIS SPACE 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 1 am familiar with, and accept the obligations of registered agent SIGNATURE. Signature: Typiri or princed name of registered agent and fills if applicable thOT Redired Agent agreems require Ewhen reinstalling) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. U00000192832 01/25/05-80037-001 450.00 MGR TITLE BAXT, STEWART NAME 49 PEACH DRIVE STREET ADDRESS ROSLYN, NY 11576 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY+ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP

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 1 further certify that the information indicated on this report is true and accurate and that my signature shall have the same logist effect as it made under oath. That I am a managing member or manager of the limited liability companyor the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STRUCT ADDRESS CITY-ST-ZIP

> SIGNATURE AND IAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED