FILED 2005 LIMITED LIABILITY COMPANY Jan 24, 2005 08:00 AM ANNUAL REPORT **Secretary of State** DOCUMENT # L03000037359 1. Entity Name 1930-1932 HOLLYWOOD LLC Mailing Address Principal Place of Business 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 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 Flurida. I am familiar with, and accept the obligations of registered agent Signature, typed or printed name of registered agent and tide if applicable RIOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 U00000192833---MANAGING MEMBERS/MANAGERS 9. 01/25/05-80037-001 450.00 MGR BAXT, STEWART NAME 49 PEACH DRIVE STREET ADDRESS CITY-\$T-ZIP ROSLYN, NY 11576 TITLE NAME STREET AUDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 flability company or the fee eiger of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS GIFY - ST-ZIP

> SIGNATURE AND TAP ME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE