

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000045064

1. Entity Name
HOLLYWOOD EXECUTIVE CENTER, L.L.C.



Principal Place of Business
**1001 NORTH FEDERAL HIGHWAY
SUITE 104
HALLANDALE BEACH, FL 33009**

Mailing Address
**1001 NORTH FEDERAL HIGHWAY
SUITE 104
HALLANDALE BEACH, FL 33009**



02032005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0133546

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARSHALL, DEBRA G
2070 JAMAICA DRIVE
MIRAMAR, FL 33023**

**DO NOT WRITE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

Signature, typed or printed name of registered agent and entity applicable

(NOTE: Registered Agent signature required when reinstating)

DATE: **Feb. 4, 2005**

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

**U000000220254
02/08/05-80061-009 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MARSHALL, DEBRA G
2070 JAMAICA DRIVE
MIRAMAR, FL 33023**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

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

DATE: **Feb. 4, 2005**

Daytime Phone # **954-455-2300**