


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90026 005 ****50.00

DOCUMENT # L03000048363 1. Entity Name HOLLYWOOD HOTEL LLC	
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Principal Place of Business 1001 E. ATLANTIC AVE STE 202 DELRAY BEACH, FL 33483	Mailing Address 1000 MARKERT STREET STE 300 PORTSMOUTH, NH 03801
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14004010



2. Principal Place of Business	3. Mailing Address 1000 Market St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01042005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent CRITCHFIELD, RICHARD H 1100 LINTON BOULEVARD DELRAY BEACH, FL 33444	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1001 E. Atlantic Ave City Delray Beach
	State FL
	Zip Code 33483

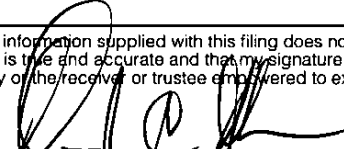
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	Richard Aze	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASE, RICHARD C			NAME			
STREET ADDRESS	1000 MARKET STREET			STREET ADDRESS			
CITY-ST-ZIP	PORTSMOUTH, NH 03801			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:  Richard Aze 1/10/05 (603)559-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #