


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90130 030 \*\*\*\*50.00

<b>DOCUMENT # L04000026130</b> 1. Entity Name <b>6430 HOLLYWOOD BLVD, LLC</b>					
Principal Place of Business <b>707 SOUTH WASHINGTON BOULEVARD SARASOTA, FL 34236</b>			Mailing Address <b>707 SOUTH WASHINGTON BOULEVARD SARASOTA, FL 34236</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
St <b>50 Central Ave. Suite 900 Sarasota, FL 34236</b>		S <b>50 Central Ave. Suite 900 Sarasota, FL 34236</b>			
Ci		C			
Zip		Country		Zip	
Country		Country			
6. Name and Address of Current Registered Agent  <b>TOSCH, JOHN E ESQ. 707 SOUTH WASHINGTON BOULEVARD SARASOTA, FL 34236</b>				7. Name and Address of New Registered Agent  Name Street <b>50 Central Ave. Suite 900</b> (table) <b>Sarasota, FL 34236</b> City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BUCHANAN, VERN 707 S. WASHINGTON BLVD SARASOTA, FL 34236</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>50 Central Ave. Suite 900 Sarasota, FL 34236</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HITEMAN, STEVE 707 S. WASHINGTON BLVD SARASOTA, FL 34236</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>50 Central Ave. Suite 900 Sarasota, FL 34236</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS TOSH, JOHN 707 S. WASHINGTON BLVD SARASOTA, FL 34236</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>John Tosch 50 Central Ave. Suite 900 Sarasota, FL 34236</b> <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 exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> _____ <b>3/8/07</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					