

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90016 001 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |                                                      |                                                                                                                                      |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L04000042419</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                                                      |                                                                                                                                      |  |  |
| 1. Entity Name<br><b>HOLLYWOOD PLAZA, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                                                      |                                                                                                                                      |                                                                                   |  |
| Principal Place of Business<br><b>862 SUNFLOWER CIRCLE<br/>WESTON, FL 33327</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |                                                      | Mailing Address<br><b>862 SUNFLOWER CIRCLE<br/>WESTON, FL 33327</b>                                                                  |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                                                      | 3. Mailing Address                                                                                                                   |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                      | Suite, Apt. #, etc.                                                                                                                  |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |                                                      | City & State                                                                                                                         |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                                     | Zip                                                  | Country                                                                                                                              | 4. FEI Number<br><b>20-1216101</b>                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |                                                      |                                                                                                                                      | Applied For<br>Not Applicable                                                     |  |
| 6. Name and Address of Current Registered Agent<br><b>ALVARO CASTILLO B., P.A.<br/>1390 BRICKELL AVENUE<br/>SUITE 200<br/>MIAMI, FL 33131</b>                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                                                      | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 renewing) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                             |                                                      |                                                                                                                                      |                                                                                   |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             | Make check payable to<br>Florida Department of State |                                                                                                                                      |                                                                                   |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |                                                      | 10. ADDITIONS/CHANGES                                                                                                                |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>MGR<br/>FAERMAN, FABIO<br/>862 SUNFLOWER CIRCLE<br/>WESTON, FL 33327</b> | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 606, Florida Statutes. |                                                                             |                                                      |                                                                                                                                      |                                                                                   |  |
| SIGNATURE: <u>FABIO FAERMAN</u> 4-5-05 786 262 9966                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                      |                                                                                                                                      |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             |                                                      |                                                                                                                                      |                                                                                   |  |

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