

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90026 042 \*\*\*\*50.00

<b>DOCUMENT # L05000001624</b>					
<b>1. Entity Name</b> HOLLYWOOD PROJECT, LLC					
<b>Principal Place of Business</b> 2500 E. HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009			<b>Mailing Address</b> 2500 E. HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009		
<b>2. Principal Place of Business - No P.O. Box #</b> 2500 E. Hallandale Beach Blvd		<b>3. Mailing Address</b> The Same			
Suite, Apt. #, etc. SUITE 'T'		Suite, Apt. #, etc.			
City & State Hallandale Beach, FL		City & State			
Zip 33009	Country	Zip	Country	<b>4. FEI Number</b> 20-2111638	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> LEGAL INFORMATION SRVS., INC 2300 WESTON RD STE 404 FORT LAUDERDALE, FL 33331			<b>7. Name and Address of New Registered Agent</b> Name: ROZENCWAIG, NADEL & FERRERO-CARR Street Address (P.O. Box Number is Not Acceptable): 301 W. Hallandale Beach Blvd City: FL Zip Code: 33009		
<b>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.</b> SIGNATURE:					
(NOTE: Registered Agent signature required when reinstating)					
<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	MGR MARTINEZ, IGNACIO 2800 WESTON ROAD SUITE 103 WESTON, FL 33331	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINEZ, IGNACIO 2500 E. HALLANDALE BEACH BLVD SUITE T HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EPELBOIM, NOEL 2800 WESTON ROAD SUITE 103 WESTON, FL 33331	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EPELBOIM, NOEL 2500 E. HALLANDALE BEACH, SUITE 'T' HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EPELBOIM, NOEL 2500 E. HALLANDALE BEACH, SUITE 'T' HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EPELBOIM, NOEL 2500 E. HALLANDALE BEACH, SUITE 'T' HALLANDALE BEACH, FL 33009
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<b>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>					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date				Daytime Phone # (954) 3852550	