

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90041 005 ****50.00

DOCUMENT # L05000002661 1. Entity Name HOLLYWOOD TOMAHAWK, LLC			
Principal Place of Business C/O 301 W. HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009		Mailing Address C/O 301 W. HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009	
2. Principal Place of Business 1/6 ROZENCWAIG, NADEL & FERRERO-CARR, LLP Suite, Apt. #, etc. 301 W. HALLANDALE BEACH BLVD.		3. Mailing Address 1/6 ROZENCWAIG, NADEL & FERRERO-CARR, LLP Suite, Apt. #, etc. 301 W. HALLANDALE BEACH BLVD.	
City & State HALLANDALE BEACH, FL		City & State HALLANDALE BEACH, FL	
Zip 33009		Zip 33009	
Country 		Country 	
6. Name and Address of Current Registered Agent ROZENCWAIG & FERRERO-CARR 301 W. HALLANDALE BEACH BOULEVARD HALLANDALE BEACH, FL 33009		7. Name and Address of New Registered Agent Name ROZENCWAIG, NADEL & FERRERO-CARR, LLP Street Address (P.O. Box Number is Not Acceptable) 301 W. HALLANDALE BEACH BLVD. City HALLANDALE BEACH FL 33009	
4. EEI Number 20-2181049			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE 4/5/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR REZA, DAVID LEE C/O 301 W. HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009	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
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
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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.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE 4/5/06 <small>Daytime Phone #</small>	