


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000014869</b> 1. Entity Name <b>HOLLYWOOD FIRST CHOICE DRIFTWOOD MANOR, LLC</b>	
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Principal Place of Business <b>7350 N. DAVIE ROAD EXTENSION HOLLYWOOD, FL 33024</b>	Mailing Address <b>7350 N. DAVIE ROAD EXTENSION HOLLYWOOD, FL 33024</b>
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**DO NOT WRITE IN THIS SPACE**



01082008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>75-3182110</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**TIM SCHWARTZ  
7350 NORTH DAVIE ROAD EXTENSION  
HOLLYWOOD, FL 33024**

**DO NOT WRITE  
IN THIS SPACE**

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:  1/8/08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHLOSBERG, MARTIN 7350 N DAVIE ROAD EXTENSION HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHWARTZ, TIM 7350 N DAVIE ROAD EXTENSION HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANDLER, MARC 7350 N DAVIE ROAD EXTENSION HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, BETSY 7350 N DAVIE ROAD EXTENSION HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EDELSTEIN, LLOYD 7350 N DAVIE ROAD EXTENSION HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGOWAN, DEBRA 7350 NORTH DAVIE ROAD EXTENSION HOLLYWOOD, FL 33024

U00000779718  
01/11/08-80049-015 138.75

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IN THIS SPACE**

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:  1/8/08 (954) 989-4691  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #