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COVER LETTER

TO: Amen Divisi	dment Section on of Corporations			
SUBJECT:	Hollywood Landings, L.L.C. (Name of Corpo	ration)	-	
DOCUMENT	L05000042819			
	Statement of Change of Registered Office/Ag	ent and fee are submitted for f	iling.	
Please return a	all correspondence concerning this matter to t	he following:	-	
	Arthur C. Schneider			
	(Name of Contact	Person)	-	
	Hollywood Landings, L.L.C	•	SECR TALLA	
	(Firm/Compa	iny)	- HE -	3727
•	`		ASS ANY T	- 5
	4350 Oakes Road, Suite 50)		2 /
•	(Address)	· · · · · · · · · · · · · · · · · · ·	101. 71.S 71.S	. (
	Fort Lauderdale, FL 3331	4	ATE RIDA))
	(City/State and Zi	p Code)	_	
For further infe	formation concerning this matter, please call:			
Arthur C	. Schneider	954 583 -4588	x 1105	
	(Name of Contact Person)	(Area Code & Daytime Tele	phone Numb	per)
Enclosed is a \$	\$35.00 check made payable to the Departmen	t of State.		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporation Clifton Building		
•	Tallahassee, FL 32314	2661 Executive Center Tallahassee, FL 32301		



September 6, 2007

ARTHUR C. SCHNEIDER 4350 OAKES ROAD, SUITE 500 FORT LAUDERDALE, FL 33314

SUBJECT: HOLLYWOOD LANDINGS, L.L.C.

Ref. Number: L05000042819

We have received your document for HOLLYWOOD LANDINGS, L.L.C. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 807A00053123

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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Registration Section Division of Corporations		
SUBJECT: HOLLY WOOD (Name of	CANDINGS, CCC of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted	d for filing.
Please return all correspondence concerni	ng this matter to the following:	
PATHUR C - SCHWE (Name of Person)	175C	
HOLLY WOOD WANDIN (Firm/Company)	ags lic	O7 NOV
4350 DAKES NO	SUME SOO	ASSE
FONT LANDENDALE (City/State and Zip Code)	FL 33314	PM 4: 33 OF STATE E. FLORIDA
For further information concerning this m	atter, please call:	
(Name of Person)	at (954) 583 - 4586 (Area Code & Daytime	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the follow	ving amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified	i Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Bursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the limited liability company is: HOLLYWOOD CANDINGS, LLC.
2. The mailing address of the limited liability company is: 4350 OAKES RD.
SUITE \$ 500 FORT LAWDONDANE FL 33314
4-29-2005 LOS000042819
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
LINDA THORSEN
Name
4350 CAKES MS SUITE SOE Address
FT (A) DOLA A & G 21214 For 9
City, State and Zip
City, State and Zip 6. The name and address of the new registered agent and/or office:
of the name and address of the new registered agent and/of office.
ARTHUR C. SCHNEIDER TO 7 17
4350 OAKES LD SUITE SOS RET S
Florida street address (P.O. Box NOT acceptable)
FT LAWDERDAUEL FL 33314
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Signature of a member or authorized representative of a member)
(organization at the most of authorized representative of a member)
(Printed or typed name of signec)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)