


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90092 044 ****50.00

DOCUMENT # L05000060030	
1. Entity Name 6067 HOLLYWOOD BLVD. LLC	

Principal Place of Business 16711 COLLINS AVENUE SUNNY ISLES, FL 33160	Mailing Address 16711 COLLINS AVENUE SUNNY ISLES, FL 33160
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40103770



2. Principal Place of Business 16711 COLLINS AVENUE Suite, Apt. #, etc. #1903	3. Mailing Address 16711 COLLINS AVENUE Suite, Apt. #, etc. #1903
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09052006 Chg-LLC CR2E083 (11/05)

City & State SUNNY ISLES BEACH FL.	City & State SUNNY ISLES BEACH FL.
Zip 33160	Country
Zip 33160	Country

4. FEI Number 20-3063278	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SHAKHOV, ILYA 16711 COLLINS AVENUE SUNNY ISLES, FL 33160	

7. Name and Address of New Registered Agent	
Name SHAKHOV ILYA	
Street Address (P.O. Box Number is Not Acceptable) 16711 COLLINS AVENUE	
#1903	
City SUNNY ISLES BEACH	FL Zip Code 33160

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 X Ilya Shakhov DATE 9-5-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAKHOV, ILYA 16711 COLLINS AVENUE SUNNY ISLES, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16711 COLLINS AVENUE APT. #1903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAKHOV, ZHANNA 16711 COLLINS AVENUE SUNNY ISLES, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16711 COLLINS AVENUE APT. #1903
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
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: X Ilya Shakhov DATE 9-5-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE