

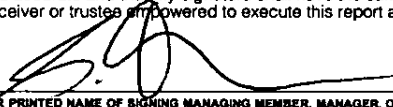


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90028 022 ****50.00

DOCUMENT # L0500011750 1. Entity Name HOLLYWOOD, LLC					
Principal Place of Business 499 SHERIDAN STREET, SUITE 310 DANIA, FL 33004			Mailing Address 499 SHERIDAN STREET, SUITE 310 DANIA, FL 33004		
2. Principal Place of Business 1925 Madison Street		3. Mailing Address 1925 Madison Street			
Suite, Apt. #, etc. Suite 5		Suite, Apt. #, etc. Suite 5			
City & State Hollywood, FL		City & State Hollywood, FL			
Zip 33020		Country USA			
4. FEI Number 02-0767609		Applied For <input type="checkbox"/> Not Applicable		04172006 Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent JONATHAN J. LICHTMAN, P.A. 120 EAST PALMETTO PARK ROAD, SUITE 100 BOCA RATON, FL 33432	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KATES, STEVEN A 499 SHERIDAN STREET, SUITE 310 DANIA, FL 33004 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	10. ADDITIONS/CHANGES MGR Kates, Steven A. 1925 Madison Street, Suite 5 Hollywood, FL 33020 <input checked="" 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: 				(954) 929-4403	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	