

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000012267

Entity Name: HOLLYWOOD VILLAGE, L.L.C.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

TURNBERRY PLAZA, SUITE 801
2875 N.E. 191ST STREET
AVENTURA, FL 33180

New Principal Place of Business:

1735 LINCOLN STREET
HOLLYWOOD, FL 33020

Current Mailing Address:

501 GOLDEN ISLE DR
SUITE 206-B
HALLANDALE, FL 33009

New Mailing Address:

20900 NE 30TH AVENUE
SUITE 318
AVENTURA, FL 33180

FEI Number: 56-2562225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SERBER, DANIEL J ESQ.
TURNBERRY PLAZA, SUITE 801
2875 N.E. 191ST STREET
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SUTTON, SALOMON
Address: 2875 N.E. 191ST STREET
City-St-Zip: AVENTURA, FL 33180

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SUTTON, SALOMON
Address: 2875 N.E. 191ST STREET, SUITE 801
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Change (X) Addition
Name: G.A. FLORIDA, LLC
Address: 20900 NE 30TH AVENUE
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ABRAHAM WEINTRAUB

MGRM

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date