

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Aug 12, 2008 8:00 am  
Secretary of State

04-28-2008 90054 047 \*\*\*138.75

DOCUMENT # L06000016120

1. Entity Name  
WARRICK HOLLYWOOD PROPERTIES, LLC



Principal Place of Business  
4360 PETERS ROAD  
FT. LAUDERDALE, FL 33317

Principal Address  
4360 PETERS ROAD  
FT. LAUDERDALE, FL 33317

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

Principal Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

6. Name and Address of Current Registered Agent  
VENIS, HARRY  
INTERNATIONAL BUILDING  
2455 E. SUNRISE BLVD., STE. PEN  
FT. LAUDERDALE, FL 33304

8. The above named entity submits this statement of the obligations of registered agent.

SIGNATURE  
Signature, typed or printed name of registered agent

FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$531

9. MANAGING MEMBER

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARRICK, PETER 4360 PETERS ROAD FT. LAUDERDALE, FL 33317
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information submitted is true and accurate. I am a managing member or manager of the limited liability company on the date of filing this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME



03182008 Chg-LLC CR2E083 (12/08)

4. FEI Number  
APPLIED FOR 86-1160833

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

I choose 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.

(NOTE: Registered Agent signature required when amending)

DATE

Make check payable to  
Florida Department of State

10. ADDITIONS/CHANGES

<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 4/24/08

Daytime Phone #