# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State
04-03-2007 90122 030 ****50.00

DOCUMENT # L06000019187

1. Entity Name

1907 HOLLYWOOD LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 275 MADISON AVENUE, SUITE 702<br>C/O JENEL MANAGEMENT CORP.<br>NEW YORK NY 10016 | 275 MADISON AVENUE, SUITE 702<br>C/O JENEL MANAGEMENT CORP.<br>NEW YORK NY 10016 |

30000940

1st MOORE CR2E083 (10/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 20-8853441 — Applied For / Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ~~WALTERS, ALAN S~~<br>~~4770 BISCAYNE BLVD., SUITE 640~~<br>~~MIAMI FL 33137~~ | Name: JAY GOLDMAN<br>Street Address (P.O. Box Number is Not Acceptable): USA COMMERCIAL RESIDENTIAL<br>21406 W. DIXIE HWY<br>City: AVENTURA FL Zip Code: 33180 |

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: Jay Goldman — 4-17-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when resigning) DATE

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Florida Department of State**
**Due By May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM ☐ Delete<br>DUSHEY, JACK<br>275 MADISON AVENUE, SUITE 702<br>NEW YORK NY 10016 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM ☐ Delete<br>AUG INVESTMENTS LLC<br>1900 SUNSET HARBOUR DRIVE APT. 2202<br>MIAMI BEACH FL 33139 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #