2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# L06000118867

Entity Name: FILLMORE HOLLYWOOD LLC

Current Principal Place of Business:

223 N.W. 75TH WAY
PLANTATION, FL 33317   US

New Principal Place of Business:

1529 ARTHUR STREET
HOLLYWOOD, FL 33020   US

Current Mailing Address:

223 N.W. 75TH WAY
PLANTATION, FL 33317   US

New Mailing Address:

1529 ARTHUR STREET
HOLLYWOOD, FL 33020   US

FEI Number: 20-8040429   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

BASTIEN, YVONNE
223 N.W. 75 WAY
PLANTATION, FL 33317   US

Name and Address of New Registered Agent:

BASTIEN, YVONNE
1529 ARTHUR STREET
HOLLYWOOD, FL 33020   US

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: _____   03/23/2009

   Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM   ( ) Delete
Name: BASTIEN, YVONNE
Address: 223 N.W. 75TH WAY
City-St-Zip: PLANTATION, FL 33317 US

Title: MGRM   ( ) Delete
Name: DAHLBURG, JOHN
Address: 223 N.W. 75TH WAY
City-St-Zip: PLANTATION, FL 33317 US

ADDITIONS/CHANGES:

Title: MGRM   (X) Change ( ) Addition
Name: BASTIEN, YVONNE
Address: 1529 ARTHUR STREET
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: YVONNE BASTIEN   MGRM   03/23/2009

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