FILED Jun 09, 2008 8:00 am Secretary of State

04-29-2008 90022 025 ***138.75

2008	LIMITED LIABILIAY COMPANY
	ANNUAL REPORT

DOCUMENT # L07000002304 WSG HOLLYWOOD, LLC 30002010. Principal Place of Business Mailing Address 400 ARTHUR GODFREY ROAD, STE. 200 400 ARTHUR GODFREY ROAD, STE. 200 MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Sulte, Apt. #, etc. 03182008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied Fo 20-0522938 Not Applic Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAMONT NEIMAN INTERIAN & BELLET, P.A. Street Address (P.O. Box Number is Not Acceptable) ONE BISCAYNE TOWER, 3550 TWO SOUTH BISCAYNE BLVD. MIAMI, FL 33131 City 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 acc SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE Make check payable to FILE NOW!!! FEE 13 \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Junaging member DD F ☐ Change ☐ Ad TITLE Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Ad NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZP TITLE ☐ Delete TITLE Change □ Ad NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change TITLE NAME MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP TITLE Change C Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Ad NAME NAME STREET ADDRESS STREET ADDRESS City-SI-ZIP CITY-51-ZIP 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.

4/24/08

SIGNATURE.