

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000027564

Entity Name: 6721 HOLLYWOOD, L.L.C.

FILED  
Apr 16, 2008  
Secretary of State

**Current Principal Place of Business:**

17520 S.W. 66 STREET  
SOUTHWEST RANCHES, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

17520 S.W. 66 STREET  
SOUTHWEST RANCHES, FL 33331

**New Mailing Address:**

FEI Number: 20-8720512

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COHEN, STUART A  
1601 NORTH FLAMINGO ROAD  
PEMBROKE PINES, FL 33028 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: MGRM ( ) Delete  
Name: HUSE, MILES D  
Address: 17520 S.W. 66 STREET  
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: MGR ( ) Delete  
Name: HUSE, MELISSA S  
Address: 17520 S.W. 66 STREET  
City-St-Zip: SOUTHWEST RANCHES, FL 33331

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HUSE, MILES D  
Address: 17520 S.W. 66 STREET  
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: MGRM (X) Change ( ) Addition  
Name: HUSE, MELISSA S  
Address: 17520 S.W. 66 STREET  
City-St-Zip: SOUTHWEST RANCHES, FL 33331

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: MILES HUSE

MGRM

04/16/2008

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