

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000042735

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: JSW PROPERTIES HOLLYWOOD LLC

**Current Principal Place of Business:**

8930 STATE RD 84, 181  
DAVIE, FL 33324 US

**New Principal Place of Business:**

**Current Mailing Address:**

8930 STATE RD 84, 181  
DAVIE, FL 33324 US

**New Mailing Address:**

FEI Number: 20-8926301

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WAGNER, TINA L  
1130 NW 93 TERRACE  
PLANTATION, FL 33322 US

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

WAGNER, TINA L  
8930 STATE RD 84, 181  
DAVIE, FL 33324 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:

01/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WAGNER, TINA L  
Address: 1130 NW 93 TERRACE  
City-St-Zip: PLANTATION, FL 33322 US

Title: MGRM ( ) Delete  
Name: WAGNER, DEAN  
Address: 1130 NW 93 TERRACE  
City-St-Zip: PLANTATION, FL 33322 FL

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WAGNER, TINA L  
Address: 8930 STATE RD 84, 181  
City-St-Zip: DAVIE, FL 33324 US

Title: MGRM (X) Change ( ) Addition  
Name: WAGNER, DEAN  
Address: 8930 STATE RD 84, 181  
City-St-Zip: DAVIE, FL 33324 FL

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: TINA WAGNER

MGRM

01/16/2009

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