2008 LIMITED LIABILITY COMPANY

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

04-29-2008 90022 026 ***138.75

 ANNUAL REPORT	

DOCUMENT # L07000049324 WSG HOLLYWOOD DEVELOPMENT, LLC 30002012 Principal Place of Business Mailing Address 400 ARTHUR GODFREY ROAD **400 ARTHUR GODFREY ROAD** STE 200 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. Suite, Apt. #, etc. 03182008 Chg-LLC CR2E083 (12/06) Applied Fo City & State City & State 4. FEI Number Not Applic Zin Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 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 S. BISCAYNE BLVD MIAMI, FL 33131 Zip Code City 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS / MANAGERS ADDITIONS/CHANGES 9. 10 Hanagina member Stepper Ent Hop Arthur Godry Rd # MLE Delate TITI F Change NAME NAME STREET ADDRESS STREET ADDRESS CUY-ST-7/P CITY-ST- ZIP ☐ Delete TITLE ☐ Change □ Ad **TITLE** NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- DP TITLE Delete ☐ Change □ Ad NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete MLE ☐ Change ☐ Ad NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change □ Ad NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change □ Ad TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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: