

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000113169

FILED
Apr 25, 2011
Secretary of State

Entity Name: HOLLYWOOD BEACH RESORT RENTAL PROGRAM, LLC

Current Principal Place of Business:

101 NORTH OCEAN DRIVE
HOLLYWOOD, FL 33309

New Principal Place of Business:

101 NORTH OCEAN DRIVE
HOLLYWOOD, FL 33019

Current Mailing Address:

101 NORTH OCEAN DRIVE
HOLLYWOOD, FL 33309

New Mailing Address:

101 NORTH OCEAN DRIVE
HOLLYWOOD, FL 33019

FEI Number: 27-4680485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUMAN, DAVID M
4050 WEST BROWARD BLVD.
PLANTATION, FL 33317 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: CEO
Name: SCHECHER, RICHARD J SR
Address: 101 NORTH OCEAN DRIVE, SUITE #202
City-St-Zip: HOLLYWOOD, FL 33019

Title: P
Name: ROJAS, ANNET
Address: 101 N. OCEAN DRIVE, SUITE #202
City-St-Zip: HOLLYWOOD, FL 33019

Title: ST
Name: PATRLJA, LISA
Address: 101 N. OCEAN DRIVE
City-St-Zip: HOLLYWOOD, FL 33019

Title: VP
Name: SCHECHER, RICHARD J JR.
Address: 101 N. OCEAN DRIVE
City-St-Zip: HOLLYWOOD, FL 33019

Title: VP
Name: WIELAND, RONALD L
Address: 101 N. OCEAN DRIVE, SUITE #202
City-St-Zip: HOLLYWOOD, FL 33019

Title: VP
Name: MORALES, MIRKO
Address: 101 N. OCEAN DRIVE, SUITE #202
City-St-Zip: HOLLYWOOD, FL 33019

I hereby 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: RON WIELAND

VP

04/25/2011

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