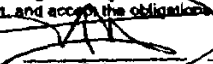


2nd and
FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company
will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$588.75 Annual Report \$100.00 + \$58.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company HOLLYWOOD CIRCLE PENTHOUSE, L.L.C. 3 BETHESDA METRO CENTER, SUITE 430 BETHESDA MD 20814		DOCUMENT # 198000002377	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified 10/22/1998		3a. State of Formation FL	
4. FEI Number 52-2126911		☐ Applied For ☐ Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired ☐	
7. Name and Address of Current Registered Agent LEDERER, STEVEN L ESQ. 2450 N.E. MIAMI GARDENS DRIVE, SUITE N. MIAMI BEACH FL 33180		8. Name and Address of New Registered Agent/Office Name DAVID M. BAUMAN, ESQ. Street Address (P.O. Box Number is Not Acceptable) 7119 W. BROWARD BLVD. Suite, Apt. #, etc. City PLANTATION Zip Code FL 33317	
9. Pursuant to the provisions of Sections 606.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent and accept the obligations.			
SIGNATURE  (Print name of signatory below signature) (NOTE: Signature of agent or signatory required when reappointing)		DATE 8.6.99	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	JAFFE, GARY R	3 BETHESDA METRO CENTER, S	BETHESDA MD 600002967706--3 -08/24/99--01012--021 ****588.75 ****588.75 

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Business Phone #