

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

06-09-2003 90004 041 \*\*\*\*50.00

0008684

**DOCUMENT # L98000002377**

1. Entity Name

**HOLLYWOOD CIRCLE PENTHOUSE, L.L.C.**



Principal Place of Business

101 N OCEAN DR., #8  
HOLLYWOOD BEACH FL 33019

Mailing Address

101 N OCEAN DR., #8  
HOLLYWOOD BEACH FL 33019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **52-2126911**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BAUMAN, DAVID M ESQ.**  
**7119 W. BROWARD BLVD.**  
**PLANTATION FL 33317**

7. Name and Address of New Registered Agent

Name

**Fred Chikovsky ESQ.**

Street Address (P.O. Box Number is Not Acceptable)

**1720 Harrison ST, 7TH FLOOR**

City

**Hollywood**

FL

Zip Code

**33020**

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 accept the obligations of registered agent.

SIGNATURE

**Fred Chikovsky ESQ.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/30/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME **MGR MORRIS, SARAH** ☒ Delete  
STREET ADDRESS **101 NORTH OCEAN DRIVE**  
CITY-ST-ZIP **HOLLYWOOD BEACH FL 33019**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME **MGR GARY JAFFE** ☒ Change ☐ Addition  
STREET ADDRESS **1720 Harrison ST, #11-H**  
CITY-ST-ZIP **Hollywood, FL 33020**

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

**GARY JAFFE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/30/03**

Date

**301-728-8158**

Daytime Phone #

CR2E083 (10/02)