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

FILED
99 SEP 13 PM 3:30

FILING FEE	Annual Report $100.00 + $88.75 Corporation Supplemental Fee + $400.00 Late Fee
$ 588.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L98000002659

HOLLYWOOD CIRCLE LOT, L.L.C.
3 BETHESDA METRO CENTER, SUITE 430
BETHESDA MD 20814

1a. Principal Place of Business Address

3 BETHESDA METRO CENTER, SUI
BETHESDA MD 20814

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Organized or Qualified	3a. State of Formation
11/09/1998	FL

4. FEI Number: 52-2133189 ☐ Applied For ☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
LEDERER, STEVEN L ESQ. 2450 N.E. MIAMI GARDENS DRIVE, SUITE N. MIAMI FL 33180	Name: DAVID M. BAUMAN, ESQ. Street Address (P.O. Box Number is Not Acceptable): 7129 W. BROWARD BLVD. Suite, Apt. #, etc.: City: PLANTATION FL Zip Code: 33317

9. Pursuant to the provisions of Sections 608.416 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 _____ DATE 8.5.99
(Registered Agent Accepting Appointment) NOTE: Registered Agent signature required when reinstating

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	JAFFE, GARY R	3 BETHESDA METRO CENTER, S	BETHESDA MD

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11. I do 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 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: _____ 8/9/99 301 6526366
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER(S) Date Daytime Phone #

NHSE10 R (6/99)