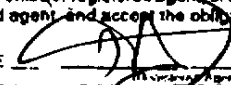


2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

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 DOCUMENT # L98000002691 HOLLYWOOD CIRCLE GARAGE, L.L.C. C/O GARY R. JAFFE 3 BETHESDA METRO CENTER, SUITE 430 BETHESDA MD 20814		1a. Principal Place of Business Address C/O GARY R. JAFFE 3 BETHESDA METRO CENTER, SUI BETHESDA MD 20814	
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 11/13/1998 4. FEI Number 52-2133187 5. Date of Last Report	5a. State of Formation FL ☐ Applied For ☐ Not Applicable 6. Certificate of Status Desired ☐
7. Name and Address of Current Registered Agent LEDERER, STEVEN L ESQ. 2450 N.E. MIAMI GARDENS DRIVE, SUITE NORTH MIAMI BEACH FL 33180		8. Name and Address of New Registered Agent/Office Name DAVID M. BAUMAN, P.A. Street Address (P.O. Box Number is Not Acceptable) 7119 PHIL BLOWARD BLVD. Suite, Apt. #, etc. City PLANTATION Zip Code FL 33374	
9. Pursuant to the provisions of Sections 606.416 and 606.508, 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	
10. Title MGR	Managing Members/Managers JAFFE, GARY R	Business Street Address 3 BETHESDA METRO CENTER, S	City, State and Zip Code BETHESDA MD 700002967707--0 -08/24/99--01012--022 ****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)(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 authorized trustee empowered to execute this report as required by Chapter 606, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: 		8/9/99 301 6526366	