

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0013099 AF

DOCUMENT # L98000002691

1. Entity Name
HOLLYWOOD CIRCLE GARAGE, L.L.C.

00 MAY -1 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O GARY R. JAFFE
3 BETHESDA METRO CENTER, SUITE 430
BETHESDA MD 20814

Mailing Address
C/O GARY R. JAFFE
3 BETHESDA METRO CENTER, SUITE 430
BETHESDA MD 20814-5368



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 52-2133187

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
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JAFFE, GARY R 3 BETHESDA METRO CENTER, SUITE 430 BETHESDA MD 20814 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 R JAFFE member 4/7/00 301 652-6366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)