FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 18, 2002 8:00 am Secretary of State DOCUMENT # L98000002692 1. Entity Name 02-18-2002 90184 018 ****50.00 HOLLYWOOD CIRCLE RETAIL/OFFICE, L.L.C. Mailing Address Principal Place of Business 101 NORTH OCEAN DRIVE #8 101 NORTH OCEAN DRIVE #8 HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 52-2133193 Not Applicable Country Zip Country \$5.00 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BAUMAN, DAVID M ESQ. Street Address (P.O. Box Number is Not Acceptable) 7119 W. BROWARD BLVD. PLANTATION FL 33317 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Addition MGR Change Detete TITLE TITLE NAME NAME MORRIS, SARAH STREET ADDRESS 101 N OCEAN DR., #8 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete

NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY*ST-ZIP I hereby certify that the information supplied

NAME

TITLE

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes. indicated on this report is true and accur limited liability company or the receive

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAM

NAME

TITLE

STREET ADDRESS

CITY-ST-ZIP

☐ Addition