

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

06-09-2003 90004 040 ****50.00

DOCUMENT # L98000002692

1. Entity Name

HOLLYWOOD CIRCLE RETAIL/OFFICE, L.L.C.



Principal Place of Business

Mailing Address

**101 NORTH OCEAN DRIVE #8
HOLLYWOOD FL 33019**

**101 NORTH OCEAN DRIVE #8
HOLLYWOOD 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 **52-2133193**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Fred Chikovsky, Esq.

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

City

**1720 Harrison ST, 17th Floor
Hollywood FL 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.** DATE **4/30/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
NAME **MORRIS, SARAH**
STREET ADDRESS **101 N OCEAN DR., #8**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

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

4/30/03 301-728-815

Date Daytime Phone #

CR2E083 (10/02)