Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L98000002854				APPROVED AND	
				FÎLED	
1. Entity Name HOLLYWOOD CIRCLE HOLDINGS, L.L.C.				OD APR 26 PM 1:41	
				SECRETARY OF STATE	
Principal Place of Business 3 BETHESDA METRO CENTER. SUITE 430 BETHESDA MD 20814 BETHESDA MD 20814 BETHESDA MD 20814				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business 3. Mailing Address			<u></u>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		M 1 M DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 52-2133186 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
·					
Bauman, David M ESQ. 7119 W. Broward Blvd.			Street Addr	ress (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33317					
			City	FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered				gistered agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NO	TE: Registered Agent signature re	equired when reinstating) DATE	
		FILE N	OW!!! FEE IS \$50	00	
		1	ayable to Departme	1	
9. MANAGING MEMBERS 10			10.	ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME STREET ADDRESS GITY-ST-ZIP	JAFFE, GARY R 3 BETHESDA METRO CENTE BETHESDA MD 20814	R, SUITE 430	NAME STREET ADDRESS GITY-ST-ZIP		
TITLE		☐ Delate	TITLE	☐ Changs ☐ Addition	
NAME ATREET ARREST		. •	NAME STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME STREET ADDRESS			MAME Street Audress	- 8000032459580 -05/09/0001098019	
CITY-ST-ZIP			CITY- 8T- ZIP	debated of the control of the contro	
TITLE		Dalette	TITLE	・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・	
NAME			NAME STREET ADDRESS	,	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		Delete	TITLE	Change Addition	
Jer anness			NAME STREET ADDRESS		
CITE - ST- ZIP			CITY-ST-ZIP		
TITLE	-	☐ Delete	TITLE	☐ Change ☐ Addition	
MAME			NAME SYNCY ASDESO		
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
11. I hereby	certify that the information supplied	with this filing does not qualify fo	or the exemption stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information as if made under oath; that I am a managing member or manager of the	
limited lia	ability company or the receiver or tru	istee empowered to execute this	report as required by	Chapter 608, Florida Statutes.	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER