2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900008156					FILED		
1. Entity Name HOLLYWOOD 2000 DEVELOPMENT, L.L.C.				00 JAN 24 AM 11: 16			
	,				,		
Principal Place of Business . Mailing Address					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2500 WESTON ROAD. SUITE 103		2500 WESTON ROAD. SUITE 103		MERMINEN			
WESTON FL 3	3331	WESTON FL 33331-3616			4 1007(G): B18 101(3 401)(801)(801)(8	88:11 48:81 18:81 ()881 (1111 8 1 111 1 8 11
		,					
2. Principal Place of Business		3. Mailing Address			1 (881) 818 1811 (812) 88171 88171 88		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number	T 1	plied For	
Zip Country		Zip Country			5. Certificate of Status Desired	□ \$5.00 Add	
6. Name and Address of Current Registered Agent					7. Name and Address of New Regi	Fee Required stered Agent	1
		a gradie e e e	1	Name	man ya iyi i a ma		
LEGAL INFORMATION SERVICES, INC. 1290 WESTON ROAD, SUITE 300 Street Address (P.O. Box Number is Not Acceptable)			
WESTON FL 33326							
			(City	<u> </u>	FL Zip Code	9
8. The above	named entity submits this statement for	the purpose of changing its	s registered o	office or registere	ed agent, or both, in the State of Florida	1.	
SIGNATURE .					-	0.00	
	Signature, typed or printed name of registered agent ar			gent signature required	when reinstating)	DATE	
		FILE No.		E IS \$50.00 Department of	State		
						IANOES	
9. 1111£	MANAGING MEMBE	Detects Detects	10.		ADDITIONS/CH	Change	Addition
MANE			, NAME STREET ADDRESS		10000211	0651_	1
STREET ADDRESS CITY-ST-ZIP	2500 WESTON ROAD, SUITE 103 WESTON FL 33331		CITY-ST-	ŧ	10000311 -02/01/00	0113002	27
TITLE		☐ Delete	TITLE		****50.	00 * ***** 50	- EGuldition
NAME STREET ADDRESS			NAME STREET A	LDDRESS		•	
CITY- BT- ZIP			CITY- 81-	- ZIP			
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STREET ADDRESS CITY-8T-Z(P			STREET A Caty- St-			•	
TITLE		☐ Oelets	TITLE			Change	Addition
NAME STREET ADDRESS			NAME STREET A	INCRESS			
CITY-ST-ZIP			CITY- ST-	(
TITLE NAME		Detects	TITLE NAME			Change	Addition
STREET AODRESS			STREET A	1			
CITY- 8T-ZIP			CITY-ST-	ZIP		Change	Addition
TITLE NAME		. 	NAME				
STREET ADDRESS CITY-ST-ZIP		•	STREET A				
11 1 baraby 6	pertify that the information supplied with on this report is true and accurate and t	this filing does not qualify fo	r the evenn		ction 119.07(3)(i), Florida Statutes. I fur	ther certify that the in	nformation
indicated limited lia	on this report is true and accurate and t bility company or the receiver or trustee	mat my signature enall have empawered to execute this	report as re	quired by Chapt	er 608, Florida Statutes.	member or manage	i Oi MB

1/21/2000 (954)349-4771 Date Daytime Phone #