
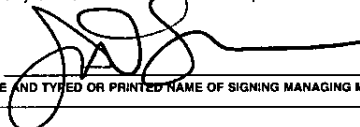


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90003 009 \*\*\*\*50.00

DOCUMENT # M03000001175					
1. Entity Name HOLLYWOOD HILLS HOLDINGS, LLC					
Principal Place of Business 2600 CITADEL PLAZA DRIVE, SUITE 300 HOUSTON, TX 77008			Mailing Address 2600 CITADEL PLAZA DRIVE, SUITE 300 HOUSTON, TX 77008		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01132004 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number APPLIED FOR	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALEXANDER, STANFORD J		NAME		
STREET ADDRESS	2600 CITADEL PLAZA DRIVE, SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77008		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEBROVNER, MARTIN		NAME		
STREET ADDRESS	2600 CITADEL PLAZA DRIVE, SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77008		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALEXANDER, ANDREW M		NAME		
STREET ADDRESS	2600 CITADEL PLAZA DRIVE, SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77008		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TILLMAN, CARRIE		NAME		
STREET ADDRESS	103 FOULK ROAD #200		STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON, DE 19803		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		Joe D. Shafer		1/14/04 713-868-6565	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	