

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001175

FILED  
Jan 17, 2011  
Secretary of State

**Entity Name:** HOLLYWOOD HILLS HOLDINGS, LLC

**Current Principal Place of Business:**

2600 CITADEL PLAZA DRIVE, SUITE 125  
HOUSTON, TX 77008

**New Principal Place of Business:**

**Current Mailing Address:**

2600 CITADEL PLAZA DRIVE, SUITE 125  
HOUSTON, TX 77008

**New Mailing Address:**

FEI Number: 41-2091698

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ALEXANDER, STANFORD J  
Address: 2600 CITADEL PLAZA DRIVE, SUITE 125  
City-St-Zip: HOUSTON, TX 77008

Title: MGR  
Name: RICHTER, STEPHEN  
Address: 2600 CITADEL PLAZA DRIVE, SUITE 125  
City-St-Zip: HOUSTON, TX 77008

Title: MGR  
Name: ALEXANDER, ANDREW M  
Address: 2600 CITADEL PLAZA DRIVE, SUITE 125  
City-St-Zip: HOUSTON, TX 77008

Title: MGR  
Name: TILLMAN, CARRIE L  
Address: 103 FOULK ROAD #200  
City-St-Zip: WILMINGTON, DE 19803

Title: MGRM  
Name: WEINGARTEN REALTY INVESTORS  
Address: 2600 CITADEL PLAZA DRIVE, SUITE 125  
City-St-Zip: HOUSTON, TX 77008

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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

VP

01/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date