2007 LIMITED LIABILITY COMPANY

Apr 16, 2007 8:00 am Secretary of State **ANNUAL REPORT** 03-12-2007 90481 001 ****55.00 **DOCUMENT # M06000001932** H & G HOLLYWOOD, LLC Mailing Address Principal Place of Business HON 1179WA 65 WEST 36TH STREET, SUITE 1200 65 WEST 36TH STREET, SUITE 1200 NEW YORK, NY 10018 NEW YORK, NY 10018 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, stc. 01162007 Cha-LLC CR2E083 (12/06) APPLIED FOR 20-471179 City & State City & State 4. FFI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GY CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2 SOUTH BISCAYNE BOULEVARD, SUITE 3400 MIAMI, FL 33131. . . Zip Code B. 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 Signature, ground or printed name of registered egent and late if applicable (NOTE Registered Agent agneture required when remainting) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State ADDITIONS/CHANGES 9, MANAGING MEMBERS / MANAGERS 10 TITLE MGRM# TITLE ☐ Change - ☐ Addition ☐ Delete HIDARÝ, JACK A NAMÉ NAME 1019 EAST 9TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-7IP BROOKLYN, NY 11230 MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition GOLDSCHMIDT, JONAH NAME NAME STREET ADDRESS 1101 EAST 4TH STREET STREET ADDRESS CITY-ST-ZIP BROOKLYN, NY 11230 CITY - ST-ZIP MILE MGRM ☐ Chance Addition ☐ Delete 11TH F HIDARY, ABRAHAM J NAME 1125 EAST 8TH STREET STREET ADDRESS STREET ADDRESS BROOKLYN, NY 11230 CITY-ST-ZIP CITY-ST-ZP MILE MGRM ☐ Delete RTLE ☐ Change ☐ Addition HIDARY, EDDIE J NAME NAME STREET ADDRESS 1019 EAST 9TH STREET STREET ADDRESS CITY-ST-ZIP BROOKLYN, NY 11230 CHY-ST-7P TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-Z/P CITY-S1-ZIP DT1E ☐ Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS DITY-51-71P CITY-SI- AP 11. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119, 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.

2-27-07

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