2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 05, 2004 08:00 AM
Secretary of State

DOCUMENT #M99000000705

1. Entity Name
HOLLYWOOD TOWNE HOUSE, LLC

Principal Place of Business	Mailing Address
4635 CASON COVE DRIVE ORLANDO, FL 32811-6623	4635 CASON COVE DRIVE ORLANDO, FL 32811-6623

08022004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-1890118

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GABLES RESIDENTIAL SERVICES, INC.
777 YAMATO ROAD, SUITE 510
BOCA RATON, FL 33431

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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 _____ 8/2/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Scott Mosher

Filing Fee is $50.00
Due by September 8, 2004

U00000169422
08/05/04-80002-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BRUSKIN, HAROLD M
STREET ADDRESS	114 RARITAN AVENUE
CITY-ST-ZIP	HIGHLAND PARK, NJ 08904
TITLE	MGR
NAME	REITMAN, NORMAN
STREET ADDRESS	30 SO ADELAIDE AVE 7F
CITY-ST-ZIP	HIGHLAND PARK, NJ 08904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 8/2/04 561-999-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Scott Mosher