

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90094 009 ****50.00

DOCUMENT # M99000000705

1. Entity Name
HOLLYWOOD TOWNE HOUSE, LLC



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

Mailing Address
4635 CASON COVE DRIVE
ORLANDO, FL 32811-6623

DO NOT WRITE IN THIS SPACE



04192005No Chg-LLC

CR2E083 (10/03)

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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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

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	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #