

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90047 041 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**RESIDATRIL, GOLLES
6551 PARK OF COMMERCE BLVD
SUITE 100
BOCA RATON FL 33487**

Name

Gables Residential Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

777 Yamato Road, Suite 510

City

Boca Raton

FL

Zip Code
33431

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.

**This is not a change of agent but a correction of
what is listed Gables UBR Doc# F00000001879**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BRUSKIN, HAROLD M
114 RARITAN AVENUE
HIGHLAND PARK NJ 08904** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
REITMAN, NORMAN
~~490 HARRISON AVENUE~~
~~HIGHLAND PARK NJ 08904~~** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Reitman, Norman MGR ☒ Change ☐ Addition
30 So Adelaide Ave, 7F
Highland Park, NJ 08904**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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 REQUIRED
LAURENCE BRUSKIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/4/03 732.545.0085

CR2E083 (10/02)