## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L01000020151

Entity Name: ARA-AVENTURA LLC

City-St-Zip:

FILED May 02, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 19010 NORTHEAST 29TH AVENUE AVENTURA, FL 33180 **Current Mailing Address: New Mailing Address:** C/O AMERICAN RENAL ASSOCIATES INC. 66 CHERRY HILL DR. 66 CHERRY HILL DR. BEVERLY, MA 01915 BEVERLY, MA 01915 FEI Number: 06-1635994 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: ADDITIONS/CHANGES: MGRM Title: () Delete (X) Change ( ) Addition AMERICAN RENAL ASSOC, IATES, INC. CHRISTOPHER, FORD Name: Name: 66 CHERRY HILL DRIVE Address: 66 CHERRY HILL DRIVE Address: City-St-Zip: BEVERLY, MA 01915 City-St-Zip: BEVERLY, MA 01915 Title: MGRM Title: (X) Change ( ) Addition ( ) Delete GOLDSAND, CARL M.D. Name: GOLDSAND, CARL M.D. Name: Address: GREATER MIA NEPH., 16501 NW 2ND AVE Address: GREATER MIA NEPH., 16501 NW 2ND AVE City-St-Zip: MIAMI, FL 33169 City-St-Zip: MIAMI, FL 33169 Title: MGRM () Delete Title: MGR (X) Change ( ) Addition PENA, CARLOS M.D. PENA, CARLOS M.D. Name: Name: GREATER MIA NEPH., 16501 NW 2ND AVE Address: Address: 1137 CASTLE AVE City-St-Zip: MIAMI, FL 33169 City-St-Zip: CORAL GABLES, FL 33134 Title: () Delete Title: MGR ( ) Change (X) Addition KAMAL, SYED Name: Name: 18302 HIGHWOODS PRESERVE PARKWAY STE 112 Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33647 Title: () Delete Title: MGR ( ) Change (X) Addition CARLUCCI, JOSEPH Name: Name: 66 CHERRY HILL DR. Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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.

City-St-Zip:

BEVERLY, MA 01915

SIGNATURE: CHRISTOPHER FORD MGR 05/02/2007