

# 2007 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A05000000541

**FILED**  
**Apr 24, 2007**  
**Secretary of State**

**Entity Name:** MEDICAL ARTS AT VILLAGE CENTER, LTD.

**Current Principal Place of Business:**

1166 W. NEWPORT CENTER DRIVE, SUITE 114  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

1166 W. NEWPORT CENTER DRIVE, SUITE 114  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

FEI Number: 20-2481326

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

YOUNG, JAMES L  
1166 W. NEWPORT CENTER DRIVE, SUITE 114  
DEERFIELD BEACH, FL 33442 US

**Name and Address of New Registered Agent:**

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

**GENERAL PARTNER INFORMATION:**

Document #: L04000022418  
Name: MEDICAL ARTS AT VILLAGE CENTER, LLC  
Address: 1166 W. NEWPORT CENTER DRIVE, SUITE 114  
City-St-Zip: DEERFIELD BEACH, FL 33442

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: JAMES L. YOUNG

MR.

04/24/2007

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date