


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000000121</b> 1. Entry Name CONWAY PROFESSIONAL ARTS, L.C.	
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Principal Place of Business 3221 S. CONWAY ROAD, SUITE B ORLANDO, FL 32812	Mailing Address C/O BRAD W. ARENZ 3221 S. CONWAY RD., STE. B ORLANDO, FL 32812
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**DO NOT WRITE IN THIS SPACE**



03012007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>59-3616683</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  ARENZ, BRAD W D.M.D. 3221 S. CONWAY ROAD, SUITE B ORLANDO, FL 32812
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARENZ, BRAD W D.M.D. 3221 S. CONWAY ROAD, SUITE B ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIRINO, RAYMOND D.M.D. 3221 S. CONWAY ROAD, SUITE A ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HICKS, ROBERT G D.M.D. 3221 S. CONWAY ROAD, SUITE D ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OVERMEYER, THOMAS G D.M.D. 3221 S. CONWAY ROAD, SUITE C ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/22/07-80021-006 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date <b>3-1-07</b>	Daytime Phone # <b>407-273-1469</b>
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