

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90037 021 \*\*\*\*50.00

60038380



04052007 Chg-LLC CR2E083 (12/06)

4. FEI Number **65-1059821** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

VILLA, AUGUSTO E MD  
530 OCEAN DR APT 202  
NORTH PALM BEACH, FL 33408

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee Is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ARDEN, III, JAMES B MD	
STREET ADDRESS	1001 SE MONT COMM. BLVD STE 300	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	GAGE, JOSEPH S MD	
STREET ADDRESS	1001 S E MONTEREY COMM BLVD. STE 300	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	GREENBERG, BURTON H	
STREET ADDRESS	600 UNIVERSITY BLVD STE 200	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	BREUER, GABRIEL E	
STREET ADDRESS	600 UNIVERSITY BLVD STE 200	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	VILLA, AUGUSTO E MD	
STREET ADDRESS	600 UNIVERSITY BLVD STE 200	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	TERRY, PAMELA S	
STREET ADDRESS	1001 SE MONT. COMM. BLVD. STE 300	
CITY-ST-ZIP	STUART, FL 34996	

## 10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bradley, III, Arden J.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

**SIGNATURE:** \_\_\_\_\_

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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_