## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L03000015708 1. Entity Name ADVANCED UROLOGIC MOBILE TECHNOLOGIES, LLC



Principal Place of Business 7000 SW 62ND AVE. SOUTH MIAMI, FL 33143 Mailing Address 7000 SW 62ND AVE. SOUTH MIAMI, FL 33143

## FILED Apr 10, 2008 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R 201 ALHAMBRA CIR, STE 601 CORAL GABLES, FL 33134

SIGNATURE.

01142008 No Chg-LLC

4. FEI Number

CR2E083 (12/07) Applied For

06-1693566 5. Certificate of Status Desired 

\$5.00 Additional Fee Required

Not Applicable

## **DO NOT WRITE** 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, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FiLE After May	E N <b>OWI</b> II FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		U00000889014 04/22/08-80035-024 138.75
÷ 9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	SUAREZ, GEORGE M		
STREET ADDRESS	7000 S.W. 62 AVE., STE. 100		
CITY-ST-ZIP	MIAMI, FL 33143		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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TITLE			HIS SPACE
NAME			115 SPACE
STREET ADDRESS			
CITY-ST-ZIP		ł	
TITLE			
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CITY-ST-ZIP			
TITLE	2		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. I hereby certify that the information supplied with the 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 mat my signature shall have the same legal effect as it made under cath; that I am a managing member or manager of the limited liability company brother receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
17 110 Ka			
SIGNATURE: 4/7/08 305740099.4			
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Data Davising Phone #			