

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022204

Entity Name: 3700 BUILDING, LLC

FILED  
Feb 16, 2006  
Secretary of State

## Current Principal Place of Business:

3702 WASHINGTON STREET  
HOLLYWOOD, FL 33021

## New Principal Place of Business:

3702 WASHINGTON STREET  
305  
HOLLYWOOD, FL 33021

## Current Mailing Address:

3702 WASHINGTON STREET  
HOLLYWOOD, FL 33021

## New Mailing Address:

3702 WASHINGTON STREET  
305  
HOLLYWOOD, FL 33021

FEI Number: 20-0901125

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARONSKY, RICHARD  
17100 COLLINS AVENUE  
SUITE 205/206  
N. MIAMI BEACH, FL 33160 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

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SOFFER, M.D., ARIEL  
Address: 3702 WASHINGTON STREET, # 305  
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM ( ) Delete  
Name: STAUBER, M.D., MARSHALL  
Address: 3702 WASHINGTON STREET, # 101  
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM ( ) Delete  
Name: POINER, M.D., BRIAN  
Address: 601 N. FLAMINGO ROAD, # 105  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGRM ( ) Delete  
Name: LINZER, M.D., DOV  
Address: 302 NW 179TH AVE., # 102  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGRM ( ) Delete  
Name: IBRAHIM, M.D., BASSEL  
Address: 3702 WASHINGTON STREET, # 303  
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM ( ) Delete  
Name: SPILLER, M.D., DENNIS  
Address: 3702 WASHINGTON STREET, # 303  
City-St-Zip: HOLLYWOOD, FL 33021

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
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 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: ARIEL D. SOFFER, MD

MGRM

02/16/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date