

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000022204</b>	
1. Entity Name 3700 BUILDING, LLC	
Principal Place of Business 3702 WASHINGTON STREET 305 HOLLYWOOD, FL 33021	Mailing Address 3702 WASHINGTON STREET 305 HOLLYWOOD, FL 33021



01182008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0901125	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOFFER, M.D., ARIEL 3702 WASHINGTON STREET, # 305 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STAUBER, M.D., MARSHALL 3702 WASHINGTON STREET, # 101 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POINER, M.D., BRIAN 601 N. FLAMINGO ROAD, # 105 PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINZER, M.D., DOV 302 NW 179TH AVE., # 102 PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IBRAHIM, M.D., BASSEL 3702 WASHINGTON STREET, # 303 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPILLER, M.D., DENNIS 3702 WASHINGTON STREET, # 303 HOLLYWOOD, FL 33021

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02/15/08-80011-023 138.75

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #