

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022204

Entity Name: 3700 BUILDING, LLC

FILED  
Apr 16, 2009  
Secretary of State

## Current Principal Place of Business:

3702 WASHINGTON STREET  
305  
HOLLYWOOD, FL 33021

## New Principal Place of Business:

## Current Mailing Address:

3702 WASHINGTON STREET  
305  
HOLLYWOOD, FL 33021

## New Mailing Address:

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:

SOFFER, ARIEL  
1240 HARBOR COURT  
HOLLYWOOD, FL 33019 US

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: ARIEL SOFFER

04/16/2009

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: MGRM (X) Change ( ) Addition  
Name: SOFFER, M.D., ARIEL  
Address: 1240 HARBOR COURT  
City-St-Zip: HOLLYWOOD, FL 33019

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

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Name:  
Address:  
City-St-Zip:

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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 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 SOFFER

MGRM

04/16/2009

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