

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000059871

1. Entity Name

NICHOLAS S. ARADI, PH.D., P.L.



Principal Place of Business

10625 N. MILITARY TRAIL, STE. 102
PALM BEACH GARDENS, FL 33410

Mailing Address

10625 N. MILITARY TRAIL, STE. 102
PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE



01132006No Chg-LLC

CR2E083 (11/05)

4. FEI Number

57-1211906

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ARADI, NICHOLAS S
10625 N. MILITARY TRAIL, STE. 102
PALM BEACH GARDENS, FL 33410

**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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ARADI, NICHOLAS S PHD
STREET ADDRESS	10625 NORTH MILITARY TRAIL SUITE 102
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000001332467
01/25/06 80001-020 55.00

**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: *Nicholas S. Aradi, Ph.D.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-16-06 561-626-2444

Date

Daytime Phone #