

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037018

FILED
Mar 12, 2009
Secretary of State

Entity Name: MEDICAL & EXECUTIVE OFFICES OF AVENTURA, L.L.C.

Current Principal Place of Business:

SUITE 118
2627 NE 203RD ST.
AVENTURA, FL 33180

New Principal Place of Business:

2627 NE 203RD ST
SUITE 118
AVENTURA, FL 33180

Current Mailing Address:

SUITE 118
2627 NE 203RD ST.
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 20-2672903 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SEGAL, WILLIAM J
2627 NE 203RD ST. #119
AVENTURA, FL 331801422 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: FAITH, KEVIN
Address: 20185 E. COUNTRY CLUB DR. #2601
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FAITH, KEVIN
Address: 2627 NE 203 ST SUITE 118
City-St-Zip: AVENTURA, FL 33180

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: KEVIN FAITH MGRM 03/12/2009

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