

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000071326

1. Entity Name

LYNGATE I MEDICAL DEVELOPMENT, LLC



Principal Place of Business

2506 AQUA VISTA BLVD.  
FT. LAUDERDALE FL 33301

Mailing Address

2506 AQUA VISTA BLVD.  
FT. LAUDERDALE FL 33301



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-3355850

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HABIBI, KAM  
2506 AQUA VISTA BLVD  
FT. LAUDERDALE FL 33301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

U000000648335  
03/07/07-80005-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
HABIBI, BAHAM  
2506 AQUA VISTA BLVD.  
FT. LAUDERDALE FL 33301 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
HABIBI, DEBBIE  
2506 AQUA VISTA BLVD.  
FT. LAUDERDALE FL 33301 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-22-07 954-742-0771