

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090555

FILED
Apr 10, 2006
Secretary of State

Entity Name: P2-307, LLC

Current Principal Place of Business:

17715 LOMOND CT
BOCA RATON, FL 33496 US

New Principal Place of Business:

Current Mailing Address:

17715 LOMOND CT
BOCA RATON, FL 33496 US

New Mailing Address:

FEI Number: 20-4446956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERNAL, OSWALDO
140 BONAVENTURE BLVD
110
WESTON, FL 33326 US

Name and Address of New Registered Agent:

ZVI RAFILOVICH, CPA,P.A.
2229 SHERIDAN SREET
HOLLYWOOD, FL 33020 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: ZVI RAFILOVICH

04/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MEREDITH, MICHAEL R
Address: 17715 LOMOND CT
City-St-Zip: BOCA RATON, FL 33496 US

Title: MGR () Delete
Name: CLAWSON, PATRICK D
Address: 2731 EXECUTIVE PARK DRIVE SUITE 8
City-St-Zip: WESTON, FL 33331 US

Title: MGR () Delete
Name: STEPHENS, ROBERT
Address: 301 SE 4TH STREET
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: MGR () Delete
Name: STEPHENS, TINA
Address: 301 SE 4TH STREET
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

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

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

Title: MGR () Change (X) Addition
Name: GOMEZ, CECILIA MD
Address: 14829 SW 80TH STREET #202
City-St-Zip: MIAMI, FL 33179

Title: MGR () Change (X) Addition
Name: OSWALDO BERNAL, P.A.,
Address: PO BOX 267364
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the 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: ZVI RAFILOVICH

POA

04/10/2006

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