

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000096130

**FILED**  
**Jul 01, 2006**  
**Secretary of State**

**Entity Name:** 207 ATRIA AT PEMBROKE PINES, LLC

**Current Principal Place of Business:**

817 SOUTH UNIVERSITY DRIVE, #106  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

817 SOUTH UNIVERSITY DRIVE, #106  
PLANTATION, FL 33324

**New Mailing Address:**

**FEI Number:** 20-3551084      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SINGER, BERNARD A ESQ  
3107 STIRLING ROAD, SUITE 105  
FT. LAUDERDALE, FL 33312      US

**Name and Address of New Registered Agent:**

FATTEH, SHAHNAZ MD  
817 SOUTH UNIVERSITY DRIVE, #106  
PLANTATION, FL 33324      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: SHAHNAZ FATTEH

07/01/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: FATTEH, FAIZ M.D.  
Address: 817 SOUTH UNIVERSITY DRIVE, #106  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES:**

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

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: FAIZ FATTEH

MGR

07/01/2006

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