

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000096130

**FILED**  
**Mar 17, 2007**  
**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 ( )**

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

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

CEO

03/17/2007

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