


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2007 8:00 am**  
**Secretary of State**

01-30-2007 90033 005 \*\*\*\*50.00

<b>DOCUMENT # L06000064330</b> 1. Entity Name 7663 FENWICK PLACE LLC					
Principal Place of Business 6800 BROKEN SOUND PARKWAY SUITE 400 BOCA RATON, FL 33487			Mailing Address 6800 BROKEN SOUND PARKWAY SUITE 400 BOCA RATON, FL 33487		
2. Principal Place of Business - No P.O. Box # <i>6800 Broken Sound Pkwy</i>		3. Mailing Address <i>6800 Broken Sound Pkwy</i>			
Suite, Apt. #, etc. <i>Suite 200</i>		Suite, Apt. #, etc. <i>Suite 200</i>			
City & State <i>Boca Raton</i>		City & State <i>Boca Raton</i>			
Zip <i>33487</i>		Country		Zip <i>33487</i>	
Country		Country			
4. FEI Number <i>20-5108262</i>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent  BELL, MARC H 6800 BROKEN SOUND PARKWAY SUITE 200 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>[Signature]</i>			DATE: <i>1/24/07</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DAYTIME PHONE # <i>561-988-1700</i>		