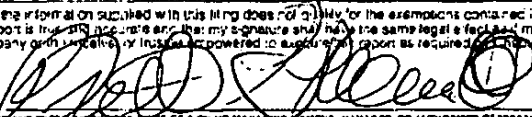


May-01-07 09:38A Travan1&Richter, P.A.

FILED
Jun 08, 2007 8:00 am
Secretary of State

05-16-2007 90174 039 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000083186			
1. Entity Name 720 SOUTHWEST, LLC			
Principal Place of Business 6480 S. STATE ROAD 7 FORT LAUDERDALE, FL 33314		Mailing Address 6480 S. STATE ROAD 7 FORT LAUDERDALE, FL 33314	
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
4. FEI Number 26-0185524		Applied For (Not Applicable)	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RAYMOND, JOHN J JR. % BUTZEL LONG P.C. STE. 420, 1200 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33432			
7. Name and Address of New Registered Agent 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 on this form by the registered agent and not the filer)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREENWALD, BRETT MD 6480 S. STATE ROAD 7 FORT LAUDERDALE, FL 33314 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF MD 6480 S. STATE ROAD 7 FORT LAUDERDALE, FL 33314 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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, 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 and am duly authorized to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		4/30/07 954-218-9494	
_____ (Signature typed on this form by the managing member, manager, or authorized representative)		_____ (Date)	

C/LA 1709