

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002129

**FILED**  
**Feb 17, 2006**  
**Secretary of State**

**Entity Name:** AVITAL REAL ESTATE WEST BOCA, L.L.C.

**Current Principal Place of Business:**

3848 FAU BLVD.  
200  
BOCA RATON, FL 33431

**New Principal Place of Business:**

3848 FAU BLVD.  
200  
BOCA RATON, FL 33431 US

**Current Mailing Address:**

3848 FAU BLVD.  
200  
BOCA RATON, FL 33431

**New Mailing Address:**

3848 FAU BLVD.  
200  
BOCA RATON, FL 33431 US

**FEI Number:** 65-0867161

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEINBERG, FRED L M.D.  
2581 NW 59TH STREET  
BOCA RATON, FL 33496 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: MGRM ( ) Delete  
Name: STEINBERG, FRED L M.D.  
Address: 2581 NW 59TH STREET  
City-St-Zip: BOCA RATON, FL 33496

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: STEINBERG, FRED L M.D.  
Address: 2581 NW 59TH STREET  
City-St-Zip: BOCA RATON, FL 33496 US

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: FRED L STEINBERG M.D.

MGRM

02/17/2006

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