

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90154 042 ****50.00

60034803



01152007 Chg-LLC CR2E083 (12/06)

4. FEI Number **65-0953183** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MENKHAUS, DAVID J
2424 NORTH FEDERAL HIGHWAY
SUITE 160
BOCA RATON, FL 33431

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE _____
NAME **MGRM** ☐ Delete
STREET ADDRESS **ROSENBLUM, PAUL**
CITY - ST - ZIP **120 CLIPPER LANE**
JUPITER, FL 33477

TITLE _____
NAME _____ ☐ Delete
STREET ADDRESS _____
CITY - ST - ZIP _____

TITLE _____
NAME _____ ☐ Delete
STREET ADDRESS _____
CITY - ST - ZIP _____

TITLE _____
NAME _____ ☐ Delete
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TITLE _____
NAME _____ ☐ Delete
STREET ADDRESS _____
CITY - ST - ZIP _____

TITLE _____
NAME _____ ☐ Delete
STREET ADDRESS _____
CITY - ST - ZIP _____

10. ADDITIONS/CHANGES

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY - ST - ZIP _____

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY - ST - ZIP _____

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
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TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY - ST - ZIP _____

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY - ST - ZIP _____

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: *Paul Rosenblum, M.D.* *4/2/07* *561-799-3388*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #