

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90141 012 ****50.00

DOCUMENT # L02000002962

1. Entity Name
 THE FAMILY AND COSMETIC DENTISTRY CENTER OF
 THOMAS A. FELLNER, D.D.S., AND JAMIE W. ODOM,
 D.M.D.



Principal Place of Business
 715 SOUTH BROADWAY
 BARTOW, FL 33830

Mailing Address
 715 SOUTH BROADWAY
 BARTOW, FL 33830



01302005 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
 75-2985924

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MORRISON, JOSEPH A
 3500 SOUTH FLORIDA AVE., STE 3
 LAKELAND, FL 33803

**DO NOT WRITE
 IN THIS SPACE**

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE P
 NAME FELLNER, THOMAS A
 STREET ADDRESS 715 S. BROADWAY
 CITY-ST-ZIP BARTOW, FL 33830

TITLE P
 NAME ODOM, JAMIE W
 STREET ADDRESS 715 S. BROADWAY
 CITY-ST-ZIP BARTOW, FL 33830

TITLE
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 CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Thomas A. Fellner* *Jamie W. Odom* 2-1-05 863-533-2185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #