

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031808

FILED  
Apr 20, 2006  
Secretary of State

**Entity Name:** PARTNERS DENTAL MARKETING, LLC

**Current Principal Place of Business:**

2502 ROCKY POINT DRIVE STE. 100  
TAMPA, FL 33607

**New Principal Place of Business:**

2502 N ROCKY POINT DRIVE  
SUITE 1000  
TAMPA, FL 33607

**Current Mailing Address:**

2502 ROCKY POINT DRIVE STE. 100  
TAMPA, FL 33607

**New Mailing Address:**

2502 N ROCKY POINT DRIVE  
SUITE 1000  
TAMPA, FL 33607

**FEI Number:** 20-1049522

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HENDEE, BRETT ESQ  
1700 SOUTH MACDILL AVENUE STE. 200  
TAMPA, FL 33629 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: MGR ( ) Delete  
Name: DIASTI MANAGEMENT IN, C  
Address: 2502 ROCKY POINT DR., SUITE 1000  
City-St-Zip: TAMPA, FL 33607

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DIASTI MANAGEMENT IN, C  
Address: 2502 N ROCKY POINT DR, #1000  
City-St-Zip: TAMPA, FL 33607

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: TEREK DIASTI

PRES

04/20/2006

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