


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2007 08:00 A.
Secretary of State

DOCUMENT # M05000000958

1. Entity Name
NOBEL BIOCARE USA, LLC



| | |
|--|--|
| Principal Place of Business 22715 SAVI RANCH PARKWAY YORBA LINDA, CA 92867 | Mailing Address 22715 SAVI RANCH PARKWAY YORBA LINDA, CA 92867 |
|--|--|



03202007 No Chg-LLC CR2E083 (11/05)

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| | |
|---|---------------------------------------|
| 4. FEI Number 51-0513031 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE STE 4
 WESTON, FL 33331

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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)
Signature, typed or printed name of registered agent and title if applicable DATE

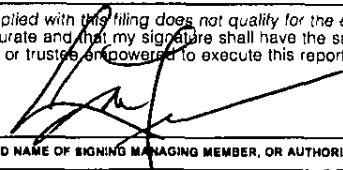
**Filing Fee is \$50.00
 Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR NOBEL BIOCARE HOLDING USA, INC. 22715 SAVI RANCH PARKWAY YORBA LINDA, CA 92867 |
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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: **03-21-07** Daytime Phone #