

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**DOCUMENT # A02000000721**

1. Entity Name  
**ORTHODONTIC EDUCATION, LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JAN 17 AM 8:21

Principal Place of Business  
**5000 SAWGRASS VILLAGE CIRCLE, STE. 28  
PONTE VEDRA BEACH, FL 32082**

Mailing Address  
**5000 SAWGRASS VILLAGE CIRCLE, STE. 28  
PONTE VEDRA BEACH, FL 32082**

**DO NOT WRITE IN THIS SPACE**



01032006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**32-0016241**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LEGLER, MITCHELL W  
KIRSCHNER & LEGLER, P.A.  
300A WHARFSIDE WAY  
JACKSONVILLE, FL 32207**

**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.

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT # **P02000055388**  
NAME **ORTHODONTIC EDUCATION COMPANY**  
STREET ADDRESS **5000 SAWGRASS VILLAGE CIRCLE, STE. 28**  
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

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**200065599732**  
**02/10/06--01080--027 \*\*650.00**

**DO NOT WRITE  
IN THIS SPACE**

13. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/3/06**  
Date

**9045671400**  
Daytime Phone #

STAPLE CHECK HERE