

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A02000000721

1. Entity Name
ORTHODONTIC EDUCATION, LTD.



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

FILED

07 JUN -1 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04272007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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, 2007, 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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600104219766
06/11/07--01035--014 **500.00

**DO NOT WRITE
IN THIS SPACE**

14. 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: Marc Fraga MARC FRAGA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/1/07

Date

904-567-1408

Daytime Phone #

STAPLE CHECK HERE