


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 31, 2008 08:00 AM
Secretary of State

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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03262008 Chg-LP CR2E003 (12/06)

4. FEI Number 32-0016241	Applied For Not Applicable
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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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P02000055388 ORTHODONTIC EDUCATION COMPANY 5000 SAWGRASS VILLAGE CIRCLE, STE. 3 PONTE VEDRA BEACH, FL 32082	STREET ADDRESS CITY-ST-ZIP	 000000875721 04/11/08-80043-023 500.00
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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** **3/28/08** **904-567-1408**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE