2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013780

Entity Name: RUTH PATRICIA SHIELDS, D.D.S., L.L.C.

Current Principal Place of Business:	**New Principal Place of Business:**
560 NORTH WASHINGTON BLVD. SUITE B SARASOTA, FL 34236	

Current Mailing Address:	**New Mailing Address:**
560 NORTH WASHINGTON BLVD. SUITE B SARASOTA, FL 34236	

FEI Number: 65-1058032   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
RUTH PATRICIA, SHIELDS D.D.S. 560 NORTH WASHINGTON BLVD. SUITE B SARASOTA, FL 34236 US	SHIELDS, R. PATRICIA D.D.S. 560 NORTH WASHINGTON BLVD. SUITE B SARASOTA, FL 34236 US

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: CLIFF BRUNETTI   01/26/2007

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Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete		Title:	MGR (X) Change ( ) Addition
Name:	SHIELDS, R. PATRICIA		Name:	SHIELDS, R. PATRICIA D.D.S.
Address:	560 N WASHINGTON BLVD, SUITE B		Address:	560 N WASHINGTON BLVD, SUITE B
City-St-Zip:	SARASOTA, FL 34236		City-St-Zip:	SARASOTA, FL 34236
Title:	MGR ( ) Delete		Title:	( ) Change ( ) Addition
Name:	BRUNETTI, CLIFF		Name:	
Address:	3799 BOCA POINTE DR.		Address:	
City-St-Zip:	SARASOTA, FL 34238		City-St-Zip:	

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: CLIFF BRUNETTI   MGR   01/26/2007

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