

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

4/17/03

FILED
Jul 21, 2003 8:00 am
Secretary of State

04-17-2003 90032 006 ****50.00

DOCUMENT # L01000013733					
1. Entity Name PETER G. STICKNEY, D.M.D., L.L.C.					
Principal Place of Business 800 S MEADOWLAND DR. NAPLES FL 34108			Mailing Address 800 S MEADOWLAND DR. NAPLES FL 34108		
2. Principal Place of Business			3. Mailing Address		
Subs. Apt. #, etc.			Subs. Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 001-54-9984	
5. Certificate of Status Desired <input type="checkbox"/> 95.00 Additional Fee Required				Assessed For Not Applicable	
6. Name and Address of Current Registered Agent MONROVIA, WILLIAM T 1000 MEMORY ST. FT MYERS FL 33901			7. Name and Address of New Registered Agent DAVID M. BRUNER 5150 TARIAMI TRAIL NORTH, SUITE 501 NAPLES FL 34107		
8. The above named agent has been designated 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, the agent.					
SIGNATURE <u><i>[Signature]</i></u> CAO 4/18/03					
FILE MONTH FEE IS \$95.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
A. MANAGING MEMBERS/MANAGERS			B. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MONROVIA STICKNEY, PETER G 800 S MEADOWLAND DR. NAPLES FL 34108 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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I1. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(i), Florida Statutes. I further certify that the information indicated on this report is true and correct, 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 registered service empowered to execute this report as required by Chapter 605, Florida Statutes.					
SIGNATURE: <u><i>[Signature]</i></u>			SIGNATURE REQUIRED 4/14/03 289-947-6610		

CROSS CHECK

attachment

DAVID M. GRUBER, CPA, PA

5150 TAMiami TRAIL NORTH
SUITE 501
NAPLES, FLORIDA 34103-2822

TEL 239-430-2424

FAX 239-435-9304

EMAIL: DGRUBERCPA@AOL.COM

July 16, 2003

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#L01000013733

Glenda E. Hood, Secretary of State
Florida Department of State
Division of Corporations
P. O. Box 6478
Tallahassee, FL 32314

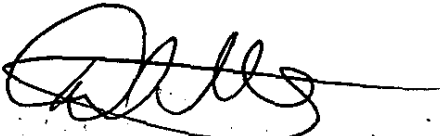
RE: Peter G. Stickney, DMD, LLC
Ref #L01000013733

To Whom It May Concern:

The above-referenced taxpayer has requested that I respond to the notice they received with regard to the filing of the Uniform Business Report. When this report was filed a year ago, it was intended that the LLC would be applying for a Federal ID Number. However, upon further research, it was determined that a single member LLC, which is not going to have payroll, is not required to apply for a Federal Identification Number. Therefore, on the subsequent filing that we made dated June 5, 2003, I indicated the taxpayer's social security number, and that is, in fact, all that this LLC has and all that this LLC will have. I am confused as to why it is now mandatory for the LLC to apply and receive a Federal ID Number when, in fact, the Internal Revenue Service requests that they not do that.

I hope that the above is sufficient to once and for all clear up this matter, however, if any additional information is necessary, please do not hesitate to contact me at any time.

Sincerely,



David M. Gruber, CPA

CC: Peter G. Stickney, DMD, LLC

Encl.

DMD:jtw

[taxdata/Stickney/FL Dept of State 07-16-03]