2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000000241

1. Entity Name

INSTITUTE FOR ORAL ART & DESIGN, LLC

Principal Place of Business

Mailing Address

6320 VENTUFEDRIVE, SUITE 201 BRADENTON, PL 34202 6320 VENTUFECHVE, SUTE 201 BRYCENTON, FL 34202 FILED Jan 28, 2004 08:00 AM Secretary of State



01222004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 80-0004591 Applied For Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TERRY LEE CULP 6320 VENTURE DRIVE, SUITE 201 BRADENTON, FL 34202

DO NOT WRITE IN THIS SPACE

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|---|--|---|---|
| | named entity submits this statement for the purpose of char ions of registered agent. | nging its registered office or registered agent, or both, | in the State of Florida. I am familiar with, and accept |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when re-installing) DATE | | | |
| Fi D | iling Fee is \$50.00 ue by May 1, 2004 | [10012-1102-000-00-24014 жуу цино почины жини пинаканду | |
| 9. | MANAGING MEMBERS/MANAGERS | | U00000016129 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM TERRY LEE CULP 7925 ROYAL QUEENS LANDING BRADENTON, FL 34202 | | 000000016129 01/28/04-80042-009 55.00 |
| TITLE NAME STREET ADDRESS CHY-SI-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | | DO | NOT WRITE |
| THEE NAME STREET ADDRESS CITY-ST-ZIP | | IN T | HIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS | | | |

11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 managing member or manager of the limited liability company or inforeceiver or trustee employeered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: /

CITY-ST-ZIP

AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

= CULP 01 | 23 | 04 | 941-907-6084