


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # L02000000241 1. Entity Name INSTITUTE FOR ORAL ART & DESIGN, LLC	
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Principal Place of Business 6320 VENTURE DRIVE, SUITE 201 BRADENTON, FL 34202	Mailing Address 6320 VENTURE DRIVE, SUITE 201 BRADENTON, FL 34202
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DO NOT WRITE IN THIS SPACE



01252005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 80-0004591	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

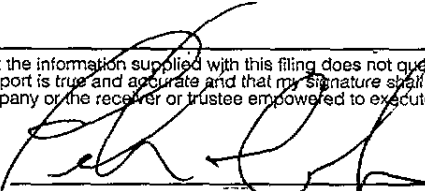
**Filing Fee is \$50.00
Due by May 1, 2005**

11000000211694
02/02/05-80129-008 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TERRY LEE CULP 7925 ROYAL QUEENS LANDING BRADENTON, FL 34202
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IN THIS SPACE**

11. I hereby 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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  TERRY LEE CULP 2/1/05 941-907-6081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #