


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000005229	
1. Entity Name FLORIDA SHORES DENTAL ARTS PLC	

Principal Place of Business 1848 SOUTH RIDGEWOOD AVE EDGEWATER FL 32141	Mailing Address 1848 SOUTH RIDGEWOOD AVE EDGEWATER FL 32141
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



1st MOORE CR2E083 (10/05)

4. FEI Number 02-0560356	Applied For <input type="checkbox"/> Not Applicable										
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required										
<table border="1"> <tr> <td>6. Name and Address of Current Registered Agent ARNOLD, MATHENY & EAGAN, P.A. 801 N. MAGNOLIA AVE. SUITE 201 ORLANDO FL 32803</td> <td>7. Name and Address of New Registered Agent</td> </tr> <tr> <td></td> <td>Name</td> </tr> <tr> <td></td> <td>Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td></td> <td>City</td> </tr> <tr> <td></td> <td>FL Zip Code</td> </tr> </table>		6. Name and Address of Current Registered Agent ARNOLD, MATHENY & EAGAN, P.A. 801 N. MAGNOLIA AVE. SUITE 201 ORLANDO FL 32803	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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	Name										
	Street Address (P.O. Box Number is Not Acceptable)										
	City										
	FL Zip Code										

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 _____

<p align="center">FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006</p>	
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TURNERY, BEN 1848 S. RIDGEWOOD AVE. EDGEWATER FL 32141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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"/> Add
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: *Ben Turnery* **DMD MANAGING MEMBER PRES** 1/17/06 403-771 (386)

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