2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT FILED Apr 14, 2008 08:00 Al Secretary of State **DOCUMENT # L02000016746** 1. Entity Name KEITH V. HOLLAND, DDS, LLC Principal Place of Business Mailing Address 4114 HERSCHEL STREET **4114 HERSCHEL STREET** SUITE 106A SUITE 106A JACKSONVILLE, FL 32210 JACKSONVILLE, FL- 32210 ... CR2E083 (12/07) 04022008 No Chg-LLC O NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0468198 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOLLAND, KEITH V DO NOT WRITE 4114 HERSCHEL ST. SUITE 106A IN THIS SPACE JACKSONVILLE, FL 32210 A 1777 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. 11. 14. - 15. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS a TITLE MGR HOLLAND, KEITH V NAME STREET ADDRESS 4114 HERSCHEL STREET, SUITE 106 /08-80087-00% 138.75 CITY-ST-7IP JACKSONVILLE, FL 32210 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

11. I hereby certify that the Information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information

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Jul 19/1 Tel Jas # 4/9/08