

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028045

FILED  
Feb 26, 2007  
Secretary of State

Entity Name: DAVID W. MAXWELL, D.M.D., P.L.

## Current Principal Place of Business:

4 PEARL DRIVE  
SUITE 3  
ORMOND BEACH, FL 32174

## New Principal Place of Business:

## Current Mailing Address:

4 PEARL DRIVE  
SUITE 3  
ORMOND BEACH, FL 32174

## New Mailing Address:

FEI Number: 04-3721044

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUCAS, JAY W CPA  
1028 N. U.S. HWY. 1  
ORMOND BEACH, FL 32174 US

## Name and Address of New Registered Agent:

LUCAS, JAY W CPA  
226 N NOVA ROAD  
SUITE 182  
ORMOND BEACH, FL 32174 US

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.

SIGNATURE:

02/26/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MAXWELL, DAVID W D.M.D.  
Address: 6 RIVER RIDGE TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR ( ) Delete  
Name: MAXWELL, LORI J MRS.  
Address: 6 RIVER RIDGE TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MAXWELL, DAVID W D.M.D.  
Address: 115 ARLINGTON WAY  
City-St-Zip: ORMOND BEACH, FL 32176

Title: MGR (X) Change ( ) Addition  
Name: MAXWELL, LORI J MRS.  
Address: 115 ARLINGTON WAY  
City-St-Zip: ORMOND BEACH, FL 32176

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID W. MAXWELL DMD

MGR

02/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date