2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2006
Secretary of State

DOCUMENT# L02000030342

Entity Name: TRINITY DENTAL LAB, L.L.C.

Current Principal Place of Business:

927 FERN STREET
SUITE 1700
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

927 FERN STREET
SUITE 1700
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 80-0053622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GOLDSMITH, KAREN L
2180 PARK AVE. NORTH
SUITE 100
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CHEGWIN, ERIC W
Address: 1971 GENOVA DR.
City-St-Zip: OVIEDO, FL 32765

Title: MGR ( ) Delete
Name: CHEGWIN, JESSICA
Address: 1971 GENOVA DR.
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CHEGWIN, ERIC W
Address: 555 ROCHESTER ST
City-St-Zip: OVIEDO, FL 32765

Title: MGR (X) Change ( ) Addition
Name: CHEGWIN, JESSICA
Address: 555 ROCHESTER ST
City-St-Zip: OVIEDO, FL 32765

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: ERIC CHEGWIN MGR 07/05/2006

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