


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000035209 1. Entity Name AVENTURA DENTAL ARTS, LLC					
Principal Place of Business 1021 IVES DAIRY ROAD, SUITE 121 NORTH MIAMI BEACH FL 33179			Mailing Address 1021 IVES DAIRY ROAD, SUITE 121 NORTH MIAMI BEACH FL 33179		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MANN & WOLF, LLP 4300 N. UNIVERSITY DRIVE, #C-203 SUNRISE FL 33351				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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRILLO, LARRY B DDS			NAME	
STREET ADDRESS	1021 IVES DAIRY ROAD, SUITE 121			STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179			CITY-ST-ZIP	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALE, JOEL C DDS			NAME	
STREET ADDRESS	1021 IVES DAIRY ROAD, SUITE 121			STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	



MOORE CR2E083 (11/03)

4. FEI Number **92-0178596** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

U00000048685
02/12/04-80091-004 50.00

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: *Larry B. Grillo* **LARRY B. GRILLO DDS** / *Joel Gale* **Joel Gale DDS** *1/25/04* **305-651-6107**