2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 02, 2005 08:00 AM Secretary of State **DOCUMENT # L03000002889** RANDALL T. HEDRICK, DDS, PLC Principal Place of Business Mailing Address 4957 38TH AVE. N., SUITE F 4957 38TH AVE. N., SUITE F ST. PETERSBURG, FL 33710 ST. PETERSBURG, FL 33710 02162005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 05-0555393 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CALLAHAN, JACK M DO NOT WRITE 451 CENTRAL PARK DR LARGO, FL 33771 IN THIS SPACE 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, typed or printed name of registered agent and title it applicable (NOTE, Registered Agent signature required when reinstalling) Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MGR TITLE HEDRICK, RANDALL T NAME STREET ADDRESS 4957 38TH AVE N., SUITE F CITY-ST-ZIP ST PETERSBURG, FL 33710 U00000249059 03/02/05-80056-008 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2/25/05

727-521-2285

FILED

Daytime Phone *