

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006793

FILED
Jan 22, 2008
Secretary of State

Entity Name: ORAL-FACIAL CONDO, LLC

Current Principal Place of Business:

21110 BISCAYNE BOULEVARD
SUITE 305
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

5531 N. UNIVERSITY DR
SUITE 104
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 65-1181545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARDENAS, LUIS DR.
5531 N UNIVERSITY DR
SUITE 104
CORAL SPRINGS, FL 33067 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: FRIEDMAN, KURT E
Address: 5531 N UNIVERSITY DR, SUITE 104
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGR () Delete
Name: PAYTON, KEVIN L
Address: 5531 N UNIVERSITY DR, SUITE 104
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGR () Delete
Name: CARDENAS, LUIS
Address: 5531 N UNIVERSITY DR, SUITE 104
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KEVIN PAYTON

MGR

01/22/2008

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