2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# L03000010185

Entity Name: ABSOLUTE DENTAL IMAGE, LLC

Current Principal Place of Business:

6435 SOUTH ORANGE AVE.
SUITE 4
ORLANDO, FL 32809   US

New Principal Place of Business:

6453 SOUTH ORANGE AVE.
SUITE 4
ORLANDO, FL 32809   US

Current Mailing Address:

6435 SOUTH ORANGE AVE.
SUITE 4
ORLANDO, FL 32809   US

New Mailing Address:

6453 SOUTH ORANGE AVE.
SUITE 4
ORLANDO, FL 32809   US

FEI Number: 45-0507550   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

BUSINESS OWNER SOLUTIONS, INC.
6453 SOUTH ORANGE AVE.
SUITE 4
ORLANDO, FL 32809 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/MEMBERS:

Title:	MGRM ( ) Delete
Name:	MALLACH, DOUGLAS E
Address:	3030 BRIDGEWAY, SUITE 208
City-St-Zip:	SAUSALITO, CA 94965 US

Title:	MGRM ( ) Delete
Name:	THE DAVID J. DAMBRO, REVOCABLE TRUS T , 41802
Address:	3368 CUTTY SARK WAY
City-St-Zip:	INDIALANTIC, FL 32903 US

ADDITIONS/CHANGES:

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 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 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: DOUGAS E. MALLACH   MGRM   04/30/2004

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