2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
02-09-2005 90156 043 ****50.00

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1. Entity Name
FLIGHT STREAM, L.L.C.

Principal Place of Business	Mailing Address
C/O DENTAL CARE ALLIANCE, L.L.C. 1 SOUTH SCHOOL AVENUE, SUITE 1000 SARASOTA, FL 34237	C/O DENTAL CARE ALLIANCE, L.L.C. 1 SOUTH SCHOOL AVENUE, SUITE 1000 SARASOTA, FL 34237

20008808

01032005No Chg-LLC CR2E083 (10/03)

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4. FEI Number
20-0347868
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NICHOLS, DAVID P
C/O DENTAL CARE ALLIANCE, L.L.C.
1 SOUTH SCHOOL AVENUE, SUITE 1000
SARASOTA, FL 34237

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 ✓
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MATZKIN, STEVEN R
STREET ADDRESS	1 SOUTH SCHOOL AVENUE, SUITE 1000
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	P (add)
NAME	Logan, Sam
STREET ADDRESS	4032 Red Rock Lane
CITY-ST-ZIP	Sarasota, FL 34231-3543
TITLE	P (add)
NAME	Vick, maurice
STREET ADDRESS	1067 Westway Dr.
CITY-ST-ZIP	Sarasota, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: S R Matzkin 2/3/05 (941) 955-3150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #