2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # L03000041724

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

DO NOT WRITE IN THIS SPACE

01212008 No Chg-LLC CR2E083 (12/07)

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)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

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
NAME	LOGAN, SAM
STREET ADDRESS	4032 RED ROCK LANE
CITY-ST-ZIP	SARASOTA, FL 342313543
TITLE	P
NAME	VICK, MAURICE
STREET ADDRESS	1067 WESTWAY DRIVE
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	

U00000851322
03/25/08-80033-025 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Steve Matz 03/05/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #