

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041747

**FILED**  
**Jan 11, 2006**  
**Secretary of State**

**Entity Name:** ALL SMILES LAND HOLDINGS, LLC

**Current Principal Place of Business:**

1227 DEL PRADO BLVD. SOUTH, SUITE 102  
CAPE CORAL, FL 339903631

**New Principal Place of Business:**

**Current Mailing Address:**

1227 DEL PRADO BLVD. SOUTH, SUITE 102  
CAPE CORAL, FL 339903631

**New Mailing Address:**

FEI Number: 20-1103112

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GUNDERSON, MIKO P  
18401 MURDOCK CIRCLE  
PORT CHARLOTTE, FL 339481088 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: WRIGHT, SUSAN I D.M.D.  
Address: 1227 DEL PRADO SUITE 102  
City-St-Zip: CAPE CORAL, FL 33990 US

**ADDITIONS/CHANGES:**

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 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: SUSAN WRIGHT

DMD

01/11/2006

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