

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041747

FILED
Mar 23, 2009
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:

30 DEL PRADO BLVD. NORTH SUITE 200
CAPE CORAL, FL 33909

Current Mailing Address:

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

New Mailing Address:

30 DEL PRADO BLVD. NORTH SUITE 200
CAPE CORAL, FL 33909

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: MGR (X) Change () Addition
Name: WRIGHT, SUSAN I D.M.D.
Address: 30 DEL PRADO BLVD. NORTH SUITE 200
City-St-Zip: CAPE CORAL, FL 33909 US

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: SUSAN WRIGHT D.M.D.

DR.

03/23/2009

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