

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014309

Entity Name: DR. JEFFREY M. KIM, D.D.S., LLC

FILED
Jan 15, 2007
Secretary of State

Current Principal Place of Business:

4570 CLYDE MORRIS BLVD.
PORT ORANGE, FL 32127

New Principal Place of Business:

4570 S. CLYDE MORRIS BLVD.
PORT ORANGE, FL 32127

Current Mailing Address:

4570 CLDYE MORRIS BLVD.
PORT ORANGE, FL 32129

New Mailing Address:

4570 S. CLYDE MORRIS BLVD.
PORT ORANGE, FL 32129

FEI Number: 02-0718191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIM, JEFFREY M
4570 CLYDE MORRIS BLVD.
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

KIM, JEFFREY M
4570 S. CLYDE MORRIS BLVD.
PORT ORANGE, FL 32129 US

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:

01/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KIM, JEFFREY M D.D.S.
Address: 4570 CLYDE MORRIS BLVD.
City-St-Zip: PORT ORANGE, FL 32129

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KIM, JEFFREY M D.D.S.
Address: 4570 S. CLYDE MORRIS BLVD.
City-St-Zip: PORT ORANGE, FL 32129

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: JEFFREY M. KIM

MGMR

01/15/2007

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