2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# L04000014309

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

Current Principal Place of Business:

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

New Principal Place of Business:

4570 S. CLYDE MORRIS BLVD.
STE. 1
PORT ORANGE, FL 32129

Current Mailing Address:

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

New Mailing Address:

4570 S. CLYDE MORRIS BLVD.
STE. 1
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 S. CLYDE MORRIS BLVD.
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

KIM, JEFFREY M
4570 S. CLYDE MORRIS BLVD.
STE. 1
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: JEFFREY KIM 03/26/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KIM, JEFFREY M D.D.S.
Address: 4570 S. 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. STE. 1
City-St-Zip: PORT ORANGE, FL 32129

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: JEFFREY KIM OWNE 03/26/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date