JUN-11-2005 08:42
MAY-18-2005 11:56

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 21, 2005 8:00 am
Secretary of State
04-27-2005 90019 047 ****50.00

DOCUMENT # L04000021835

1. Entity Name
PARTNERS DENTAL LABORATORIES, L.L.C.

Principal Place of Business
2502 ROCKY POINT DRIVE, STE. 1000
TAMPA, FL 33607

Mailing Address
2502 ROCKY POINT DRIVE, STE. 1000
TAMPA, FL 33607

300009657

2. Principal Place of Business | 3. Mailing Address
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

04222005 Chg-LLC CR2E083 (10/03)

4. FEI Number 200898341 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
HENDEE, BRETT ESQ
1700 SOUTH MACDILL AVENUE, STE. 200
TAMPA, FL 33629

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR TEREK DIASTI 2502 Rocky Point Dr., Suite 1000 Tampa, FL 33607 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption listed in Section 119.07(3)(i), 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: Terek Diasti, Pres. 4/22/05 813 259-1999
Signature and typed or printed name of managing member, manager, or authorized representative — Date — Daytime Phone #

TOTAL P.03