



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Jan 25, 2007 08:00 AM
Secretary of State

| | | | | | |
|--|---|---------------------------------|--|---|---|
| DOCUMENT # L04000023727 1. Entity Name SCOTT EBNER, D.D.S., LLC | | | |  | |
| Principal Place of Business 4063 NORTH GOLDENROD ROAD #4 WINTER PARK FL 32792 | | | Mailing Address 4063 NORTH GOLDENROD ROAD #4 WINTER PARK FL 32792 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | |
| 4. FEI Number 20-0922559 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$5.00 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent EBNER, SCOTT 4063 NORTH GOLDENROD ROAD #4 WINTER PARK FL 32792 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOT L. Registered Agent signature required when re-registering)</small> | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | MGRM EBNER, SCOTT 4063 NORTH GOLDENROD ROAD, #4 WINTER PARK FL 32792 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY ST ZIP | U00000003416 01/29/07-80012-019 50.00 |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  SCOTT EBNER LLC PPS, LLC 1-22-07 677-8888 | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |



1st MOORE CR2E083 (10/06)

FL Zip Code

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(407)

Date

Daytime Phone #