


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90101 002 \*\*\*\*55.00

<b>DOCUMENT # L04000062768</b> 1. Entity Name <b>REBECCA K. PITTS, D.M.D., P.L.C.</b>					
Principal Place of Business <b>5272 SHORELINE CIRCLE</b> X <b>LAKE FOREST, FL 32771</b>			Mailing Address <b>5272 SHORELINE CIRCLE</b> ✓ <b>LAKE FOREST, FL 32771</b>		
2. Principal Place of Business <b>3300 W. LAKE MARY BLVD.</b>		3. Mailing Address Suite, Apt. #, etc. <b>SUITE 250</b>			
City & State <b>LAKE MARY</b>		City & State City <b>LAKE MARY</b>			
Zip <b>32746</b>		Country <b>SEMINOLE</b>		Zip <b>32746</b>	
4. FEI Number <b>201537470</b>		Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PITTS, REBECCA</b> <b>5272 SHORELINE CIRCLE</b> <b>LAKE FOREST, FL 32771</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Rebecca Pitts</i></u> DATE <u>01/20/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONAL CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PITTS, REBECCA 5272 SHORELINE CIRCLE LAKE FOREST, FL 32771	201537470			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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				
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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: <u><i>Rebecca Pitts</i></u> <b>REBECCA PITTS</b> DATE <u>01/20/05</u> DAYTIME PHONE # <u>(407) 688-9990</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					