


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000081936 1. Entity Name PAYNE AND PAYNE DENTISTRY, LLC	
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Principal Place of Business 3015 JEFFERSON STREET SUITE D MARIANNA, FL 32446 US	Mailing Address 3015 JEFFERSON STREET SUITE D MARIANNA, FL 32446 US
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01102007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1951053	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 PAYNE, ROBERT W DDS
 3015 JEFFERSON STREET
 SUITE D
 MARIANNA, FL 32446

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERT WALTER PAYNE, DDS, P.A. 3015 JEFFERSON STREET; SUITE D MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTHEW R. PAYNE, D.M.D., P.A. 3015 JEFFERSON STREET; SUITE D MARIANNA, FL 32446
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  DATE: 1-10-07 DAYTIME PHONE #: 850-526-2511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE