

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089825

FILED
Feb 03, 2006
Secretary of State

Entity Name: LEE'S DENTAL TECHNOLOGY, LLC

Current Principal Place of Business:

39 E. BAYSHORE DR.
PORT ORANGE, FL 32127

New Principal Place of Business:

2090 SOUTH NOVA ROAD
SOUTH DAYTONA, FL 32119 US

Current Mailing Address:

39 E. BAYSHORE DR.
PORT ORANGE, FL 32127

New Mailing Address:

39 E. BAYSHORE DR.
PORT ORANGE, FL 32127 US

FEI Number: 32-0135180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAVITT, TERESA
39 E. BAYSHORE DRIVE
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GAVITT, TERESA
Address: 39 E. BAYSHORE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM () Delete
Name: GAVITT, LEE
Address: 39 E. BAYSHORE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TERESA GAVITT

MGMR

02/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date