

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001904

**FILED**  
**Jan 06, 2006**  
**Secretary of State**

**Entity Name:** JOHN J. MARCHETTO, D.M.D. & DANIELLE E. BATTISTI, D.M.D., PL

**Current Principal Place of Business:**

1600 TOWN CENTER BOULEVARD  
SUITES A & B  
WESTON, FL 33326 US

**New Principal Place of Business:**

**Current Mailing Address:**

1600 TOWN CENTER BOULEVARD  
SUITES A & B  
WESTON, FL 33326 US

**New Mailing Address:**

**FEI Number:** 20-2123402      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAUTTER, C. CHRISTIAN ESQ.  
2850 NORTH ANDREWS AVENUE  
FORT LAUDERDALE, FL 33311 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:** MARCHETTO, JOHN J D.M.D.  
**Address:** 1600 TOWN CENTER BOULEVARD, SUITES A & B  
**City-St-Zip:** WESTON, FL 33326 US

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** MARCHETTO, JOHN J D.M.D.  
**Address:** 1600 TOWN CENTER BOULEVARD, SUITES A & B  
**City-St-Zip:** WESTON, FL 33326 US

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:** JOHN J MARCHETTO

MGR

01/06/2006

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