


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90485 001 ***100.00

DOCUMENT # L05000003255	
1. Entity Name DR. JEAN CHANG-LOWE, DDS, LLC	

Principal Place of Business 536 Health Blvd. DAYTONA BEACH, FL 32114	Mailing Address 536 Health Blvd. DAYTONA BEACH, FL 32114
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30000467

2. Principal Place of Business - No P.O. Box # 536 Health Blvd. Suite, Apt. #, etc.	3. Mailing Address 536 Health Blvd. Suite, Apt. #, etc.
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01102007 Chg-LLC CR2E083 (12/06)

City & State Daytona Beach, FL	City & State Daytona Beach, FL
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4. FEI Number 84-1667156	Applied For Not Applicable
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Zip 32114	Country USA	Zip 32114	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CROTTY, KATHLEEN L 1800 W. INTERNATIONAL SPEEDWAY BLVD. BUILDING 2, SUITE 201 DAYTONA BEACH, FL 32114

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHANG-LOWE, JEAN 875 MASON AVENUE DAYTONA BEACH, FL 32117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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 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: <u>Jean Chang Lowe DDS</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date 1-10-07	Daytime Phone # (386) 255-3644
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