


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90043 022 \*\*\*\*50.00

**DOCUMENT # L05000034912**

1. Entity Name  
**GARY V. BURKHOLDER, D.D.S. LLC**



Principal Place of Business      Mailing Address  
**14511 OCEAN BLUFF DRIVE**      **14511 OCEAN BLUFF DRIVE**  
**FORT MYERS, FL 33908 US**      **FORT MYERS, FL 33908 US**

2. Principal Place of Business      3. Mailing Address  
*14511 Ocean Bluff Dr*      *Same*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04122006    Chg-LLC    CR2E083 (11/05)

4. FEI Number      Applied For  
*16-1721721*       Not Applicable

5. Certificate of Status Desired     **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name *Gary V. Burkholder DDS*  
 Street Address (P.O. Box Number is Not Acceptable)  
*14511 Ocean Bluff Dr.*  
 City *FT Myers*      FL      Zip Code *33908*

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]*      DATE

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2006**      **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURKHOLDER, GARY V D.D.S. 14511 OCEAN BLUFF DRIVE FORT MYERS, FL 33908 <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:** *[Signature]*      Date      Daytime Phone #

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