

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035653

FILED
May 07, 2009
Secretary of State

Entity Name: PROMENADE DENTAL PROPERTIES, LLC

Current Principal Place of Business:

10187 CLEARY BOULEVARD
PLANTATION, FL 33324

New Principal Place of Business:

10187 CLEARY BOULEVARD
SUITE 101
PLANTATION, FL 33324

Current Mailing Address:

10187 CLEARY BOULEVARD
PLANTATION, FL 33324

New Mailing Address:

10187 CLEARY BOULEVARD
SUITE 101
PLANTATION, FL 33324

FEI Number: 75-3189318 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BURNETT, ROBERT J
3111 STIRLING ROAD
FT. LAUDERDALE, FL 33312 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: HEINEMANN, PAUL A
Address: 10187 CLEARY BOULEVARD
City-St-Zip: PLANTATION, FL 33324

Title: MGRM () Delete
Name: HEINEMANN, NONI P
Address: 10187 CLEARY BOULEVARD
City-St-Zip: PLANTATION, FL 33324

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 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: NONI P. HEINEMANN

MGRM

05/07/2009

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