

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90079 037 ****55.00

DOCUMENT # L05000062886					
1. Entity Name JODY M MAIDEN DDS LLC					
Principal Place of Business 2201 FOURTH STREET NORTH C SAINT PETERSBURG, FL 33704			Mailing Address 2201 FOURTH STREET NORTH C SAINT PETERSBURG, FL 33704		
2. Principal Place of Business 2201 4th St. N Suite, Apt. #, etc. Suite C City & State St. Petersburg, FL Zip 33704 Country Pinellas			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 20-3032664			01042006 Chg-LLC CR2E083 (11/05)		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			6. Additional Fee Required \$5.00		
7. Name and Address of Current Registered Agent MAIDEN, JODY M 2201 FOURTH STREET NORTH C SAINT PETERSBURG, FL 33704			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
9. 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 <u>Jody M Maiden</u> (NOTE: Registered Agent signature required when restate) DATE					
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	MGR MAIDEN, JODY M 2201 FOURTH STREET NORTH SUITE C SAINT PETERSBURG, FL 33704	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	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 606, Florida Statutes.					
SIGNATURE: <u>Jody M Maiden</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			1-28-06 727-823-2007 <small>Date Daytime Phone #</small>		