2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2006
Secretary of State

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Entity Name: JAY M. LERNER, D.D.S. AESTHETIC DENTISTRY INSTITUTE, LLC

Current Principal Place of Business:

5602 PGA BOULEVARD, SUITE 201
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

7856 STEEPLECHASE DR.
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

5602 PGA BOULEVARD, SUITE 201
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 09-0486171 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LERNER, JAY DR.
5602 PGA BOULEVARD, SUITE 201
PALM BEACH GARDENS, FL 33418 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: LERNER, JAY M
Address: 5602 PGA BOULEVARD, SUITE 201
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES:

Title: DR. (X) Change ( ) Addition
Name: LERNER, JAY M
Address: 5602 PGA BOULEVARD, SUITE 201
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: JAY M. LERNER DR. 03/15/2006

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