2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# L05000091624

Entity Name: CORDOVA DENTAL LAB, LLC

Current Principal Place of Business:

6029 NORTH 9TH AVENUE
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

6029 NORTH 9TH AVENUE
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 03-0570468 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTALVO, JON M
6029 NORTH 9TH AVENUE
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

MONTALVO, JON M OWNER
6029 NORTH 9TH AVENUE
PENSACOLA, FL 32504 US

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: JON MONTALVO 04/25/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MONTALVO, JON M
Address: 6029 NORTH 9TH AVENUE
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM ( ) Delete
Name: TILLEY, SANDRA K
Address: 6029 NORTH 9TH AVENUE
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MONTALVO, JON M OWNER
Address: 6029 NORTH 9TH AVENUE
City-St-Zip: PENSACOLA, FL 32504

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JON MONTALVO MGRM 04/25/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date