
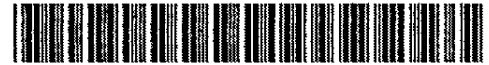


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 29, 2007 08:00 AM
Secretary of State**

DOCUMENT # L05000091713 1. Entity Name PINES DENTAL REAL ESTATE, LLC		
Principal Place of Business SUITE 101 935 WEST 49TH STREET HIALEAH, FL 33012	Mailing Address SUITE 101 935 WEST 49TH STREET HIALEAH, FL 33012	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KLEIN, BRENT D SUITE 1900 701 BRICKELL AVENUE MIAMI, FL 33131		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ERRO, JUAN C 935 W 49 STREET #101 HIALEAH, FL 33012	
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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: <u>Juan C Erro</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>1/24/07</u> Daytime Phone # <u>305 621 7861</u>



01222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3467284

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

U000000610674
02/02/07-80031-015 55.00