

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098609

FILED
Mar 28, 2007
Secretary of State

Entity Name: NICEVILLE DENTAL LABORATORY LLC

Current Principal Place of Business:

113 BAILEY DRIVE
SUITE 2
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

113 BAILEY DRIVE
SUITE 2
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 20-3584983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COWEN, EDDIE
912 S PALM BLVD
SUITE E
NICEVILLE, FL 32578 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: GLENN, DENNIS
Address: 113 BAILEY DRIVE SUITE 2
City-St-Zip: NICEVILLE, FL 32578

Title: MGR () Delete
Name: LOCKLEAR, DEBORAH
Address: 113 BAILEY DRIVE SUITE 2
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GLENN, DENNIS S
Address: 113 BAILEY DRIVE SUITE 2
City-St-Zip: NICEVILLE, FL 32578

Title: MGR (X) Change () Addition
Name: LOCKLEAR, DEBORAH S
Address: 113 BAILEY DRIVE SUITE 2
City-St-Zip: NICEVILLE, FL 32578

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: DEBORAH S. LOCKLEAR

MGR

03/28/2007

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