

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90269 002 ****50.00

DOCUMENT # L05000107753					
1. Entity Name ORAL TECHNOLOGIES LLC					
Principal Place of Business 2801 S.W. 73RD WAY, APT. 1701 DAVIE, FL 33314-1019			Mailing Address 2801 S.W. 73RD WAY, APT. 1701 DAVIE, FL 33314-1019		
2. Principal Place of Business 20184 NORTH COTE DRIVE Suite, Apt. #, etc.		3. Mailing Address 20184 NORTH COTE DRIVE Suite, Apt. #, etc.			
City & State BOCA RATON, FL		City & State BOCA RATON, FL		4. FEI Number 59-3824172	
Zip 33434		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MURRAY, PETER E 2801 S.W. 73RD WAY, APT. 1701 DAVIE, FL 33314-1019			7. Name and Address of New Registered Agent Name: KENNETH NAMEROW Street Address (P.O. Box Number is Not Acceptable): 20184 NORTH COTE DRIVE City: BOCA RATON, FL Zip Code: 33434		
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: PETER E. MURRAY <i>Peter E. Murray</i> 3/17/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 MGRM NAME MURRAY, PETER E STREET ADDRESS 2801 S.W. 73RD WAY, APT. 1701 CITY-ST-ZIP DAVIE, FL 333141019	<input checked="" type="checkbox"/> Delete		TITLE MGRM NAME MURRAY, PETER E. STREET ADDRESS 20184 NORTH COTE DR. CITY-ST-ZIP BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME NAMEROW, KENNETH STREET ADDRESS 2801 S.W. 73RD WAY, APT. 1701 CITY-ST-ZIP DAVIE, FL 333141019	<input checked="" type="checkbox"/> Delete		TITLE MGRM NAME NAMEROW, KENNETH STREET ADDRESS 20184 NORTH COTE DR. CITY-ST-ZIP BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME KUTTLER, SERGIO STREET ADDRESS 2801 S.W. 73RD WAY, APT. 1701 CITY-ST-ZIP DAVIE, FL 333141019	<input checked="" type="checkbox"/> Delete		TITLE MGRM NAME KUTTLER, SERGIO STREET ADDRESS 20184 NORTH COTE DR. CITY-ST-ZIP BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME GARCIA-GODOY, FRANKLIN STREET ADDRESS 2801 S.W. 73RD WAY, APT. 1701 CITY-ST-ZIP DAVIE, FL 333141019	<input checked="" type="checkbox"/> Delete		TITLE MGRM NAME GARCIA-GODOY, FRANKLIN STREET ADDRESS 20184 NORTH COTE DR. CITY-ST-ZIP BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: KENNETH N. NAMEROW <i>Kenneth N. Namerow</i> 3/17/06 561-702-9594 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					