

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 28, 2006  
Secretary of State**

DOCUMENT# L05000116889

**Entity Name:** SOUTH BEACH DENTAL CARE & COSMETICS, LLC

**Current Principal Place of Business:**

583 W 49TH ST  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

583 W 49TH ST  
MIAMI BEACH, FL 33140

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AMINI, SIMON DMD  
583 W 49TH ST  
MIAMI BEACH, FL 33140 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: MGR ( ) Delete  
Name: AMINI, SIMON  
Address: 583 W 49TH ST  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR ( ) Delete  
Name: SAIDI, ARDAVAN  
Address: 583 W 49TH ST  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES:**

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

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: ARDAVAN SAIDI

MGR

03/28/2006

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