

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054466

FILED  
Apr 19, 2007  
Secretary of State

Entity Name: PETRA GORDON, D.M.D., PLLC

## Current Principal Place of Business:

22924 CHESTERVIEW LOOP  
SUITE 211  
LAND 'O LAKES, FL 34639

## New Principal Place of Business:

7529 CITRUS BLOSSOM DR.  
LAND 'O LAKES, FL 34637

## Current Mailing Address:

22924 CHESTERVIEW LOOP  
SUITE 211  
LAND 'O LAKES, FL 34639

## New Mailing Address:

7529 CITRUS BLOSSOM DR.  
LAND 'O LAKES, FL 34637

FEI Number: 20-4979998

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GORDON, PETRA  
22924 CHESTERVIEW LOOP  
SUITE 211  
LAND 'O LAKES, FL 34639 US

## Name and Address of New Registered Agent:

GORDON, PETRA G DMD  
7529 CITRUS BLOSSOM DR.  
LAND 'O LAKES, FL 34637 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: PETRA G. GORDON, DMD

04/19/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: GORDON, PETRA  
Address: 22924 CHESTERVIEW LOOP, STE. 211  
City-St-Zip: LAND 'O LAKES, FL 34639

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: GORDON, PETRA G DMD  
Address: 7529 CITRUS BLOSSOM DR.  
City-St-Zip: LAND 'O LAKES, FL 34637

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: PETRA G. GORDON, DMD

MGR

04/19/2007

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