

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 11, 2008
Secretary of State**

DOCUMENT# L06000054466

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

Current Principal Place of Business:

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

New Principal Place of Business:

609 LAMAR AVE
BROOKSVILLE, FL 34601

Current Mailing Address:

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

New Mailing Address:

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 G DMD
7529 CITRUS BLOSSOM DR.
LAND 'O LAKES, FL 34637 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: GORDON, PETRA G DMD
Address: 7529 CITRUS BLOSSOM DR.
City-St-Zip: LAND 'O LAKES, FL 34637

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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 GORDON

OWNE

04/11/2008

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