

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 24, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90041 017 \*\*\*\*50.00

<b>DOCUMENT # L06000059406</b>					
<b>1. Entity Name</b> SLINGBAUM ORTHODONTICS PEMBROKE PINES, LLC					
<b>Principal Place of Business</b> 2221 N. UNIVERSITY DRIVE SUITE D PEMBROKE PINES, FL 33024 US			<b>Mailing Address</b> 2807 POINCIANA CIRCLE COOPER CITY, FL 33026 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<div style="text-align: right;">                         01242007    Chg-LLC    CR2E083 (12/08)                     </div>					
<b>4. FEI Number</b>				<b>Applied For</b>	
20-5042737				Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SLINGBAUM, LISA A 2807 POINCIANA CIRCLE COOPER CITY, FL 33026			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL    Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when terminating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	MGR SLINGBAUM, LISA A 2807 POINCIANA CIRCLE COOPER CITY, FL 33026	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
<b>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 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> <i>Lisa Slingbaum</i>				Date: <i>4/21/07</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					