

FILED
Aug 03, 2007 8:00 am
Secretary of State


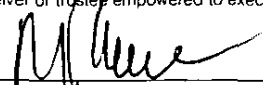
08-03-2007 90031 020 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

60054126



07092007 Chg-LLC CR2E083 (12/06)

| | | | | | |
|--|---------------------|-----|--|--|-------------|
| DOCUMENT # L06000073431 | | | |  | |
| 1. Entity Name MAP DENTAL PROPERTIES, LLC | | | | | |
| Principal Place of Business 900 GLADES ROAD, STE 1D BOCA RATON, FL 33431 | | | Mailing Address 900 GLADES ROAD, STE 1D BOCA RATON, FL 33431 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number | |
| | | | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| CFRA, LLC 4221 W BOY SCOUT BOULEVARD, 10TH FL TAMPA, FL 33607-5736 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | | |
| | | | | City | FL Zip Code |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. | | | | | |
| Filing Fee is \$50.00 Due by September 14, 2007 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | | |
| TITLE | MEMBER | | <input type="checkbox"/> Delete | | |
| NAME | MITCHELL POHL | | | | |
| STREET ADDRESS | 4880 NW 28TH AVE | | | | |
| CITY-ST-ZIP | BOCA RATON FL 33434 | | | | |
| TITLE | | | <input type="checkbox"/> Delete | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | | <input type="checkbox"/> Delete | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | | <input type="checkbox"/> Delete | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | | <input type="checkbox"/> Delete | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 10. ADDITIONS/CHANGES | | | | | |
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 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. | | | | | |
| SIGNATURE:  7/25/07 561 368 3440 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | | | |