

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000081796

**Entity Name:** TWIN LAKES DENTAL, LLC

**FILED**  
**Mar 31, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

801 MEADOWS ROAD, SUITE 105  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

801 MEADOWS ROAD, SUITE 105  
BOCA RATON, FL 33486

**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:**

SHEIKH, TAVEER A  
801 MEADOWS ROAD, SUITE 105  
BOCA RATON, FL 33486 US

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

SHEIKH, TANVEER A  
801 MEADOWS ROAD, SUITE 105  
BOCA RATON, FL 33486 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: TANVEER A SHEIKH

03/31/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: M ( ) Change (X) Addition  
Name: SHEIKH, TANVEER A  
Address: 801 MEADOWS ROAD, STE 105  
City-St-Zip: BOCA RATON, FL 33486

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: TANVEER A SHEIKH

M

03/31/2007

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