

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104408

FILED
Apr 12, 2007
Secretary of State

Entity Name: TRIANGLE DDS (FLORIDA), LLC

Current Principal Place of Business:

ONE SOUTH SCHOOL AVE., SUITE 1000
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

ONE SOUTH SCHOOL AVE., SUITE 1000
SARASOTA, FL 34237

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLS, DAVID P
ONE SOUTH SCHOOL AVE., SUITE 1000
SARASOTA, FL 34237 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: NICHOLS, DAVID P
Address: ONE SOUTH SCHOOL AVE., SUITE 1000
City-St-Zip: SARASOTA, FL 34237

Title: MGR () Delete
Name: MATZKIN, STEVEN R
Address: ONE SOUTH SCHOOL AVE., SUITE 1000
City-St-Zip: SARASOTA, FL 34237

Title: MGR () Delete
Name: OLAN, MITCHELL B
Address: ONE SOUTH SCHOOL AVE., SUITE 1000
City-St-Zip: SARASOTA, FL 34237

ADDITIONS/CHANGES:

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

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

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

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: DAVID P NICHOLS

MGR

04/12/2007

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