



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L07000054155</b> 1. Entity Name <b>TRIANGLE DDS (ORANGE CITY), LLC</b>																											
Principal Place of Business <b>ONE SOUTH SCHOOL AVENUE, SUITE 1000 SARASOTA, FL 34237</b>			Mailing Address <b>ONE SOUTH SCHOOL AVENUE, SUITE 1000 SARASOTA, FL 34237</b>																								
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																									
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number      Chg-LLC      CR2E083 (12/06) Applied For Not Applicable																							
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent  <b>NICHOLS, DAVID P ONE SOUTH SCHOOL AVENUE, SUITE 1000 SARASOTA, FL 34237</b>																							
7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																							
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>		9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">MGR</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NICHOLS, DAVID P</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ONE SOUTH SCHOOL AVENUE, SUITE 1000</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34237</td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	NICHOLS, DAVID P		STREET ADDRESS	ONE SOUTH SCHOOL AVENUE, SUITE 1000		CITY-ST-ZIP	SARASOTA, FL 34237											
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