2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000103057

Entity Name: DIGITAL SMILES, LLC

Address:

City-St-Zip:

FILED Feb 23, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 758 WEST DUVAL STREET JACKSONVILLE, FL 32202 **Current Mailing Address: New Mailing Address:** 758 WEST DUVAL STREET JACKSONVILLE, FL 32202 FEI Number: 26-1214182 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GILDERSLEEVE, THOMAS E 758 WEST DUVÁL STREET JACKSONVILLE, FL 32202 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: () Delete Title: () Change () Addition GILDERSLEEVE, THOMAS E Name: Name: Address: 758 WEST DUVAL STREET Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: Title: () Delete Title: MGRM () Change (X) Addition Name: Name: SCHARMAN, RICHARD D Address: Address: 758 WEST DUVAL STREET City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32202 Title: () Delete Title: MGRM () Change (X) Addition HODSON, DAVID L Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

758 WEST DUVAL STREET

JACKSONVILLE, FL 32202

SIGNATURE: THOMAS E. GILDERSLEEVE MGRM 02/23/2008