File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1998				Secretary of State DIVISION OF CORPORATIONS			DIVISION OF CORPORATIONS					
\$ 188 1. Name	FEE Ann	ual Report \$100.0 ake Check Payable	00 + \$88.75 e To: FLOR	} }	8 MAR -6	PM 2	16	12319				
	11380 P SUITE 2	EACH DENTAL PROSPERITY 217 EACH GARDEN	1a. Principal Place of Business Address 11380 PROSPERITY FARMS ROAD SUITE 217 PALM BEACH GARDENS FL 33410									
2. Principal Place of Business 2a. Mali				ing Address			3. Date Organiz	ed or Qualified	3a. State	e of Forr	mation	
Suite, Apt. #, etc. Suite				Apt. #, etc.			02/03/1 4. FEI Number	.997	FL	T	Analised East	
City & State			City & Str	late			E = U J	72 8398			Applied For Not Applicable	
Žip		Country	Žip		Count	try	5. Date of Last f	Report			Status Desired	
	7. Name	and Address of Curre	nt Registered	Agent		8. Name and Address of New Registers Name				nt/Office	Ð	
11380 SUIT	O PROSP E 217	DIETER A PERITY FARM GARDENS FL	-			Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.						
					City				Zip Code			
					O.I.y			FL	Zip Coue)		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.												
SIGNATU	RE	(Registered Agent Acception	ng Appointment) (f	NOTE: Registered Agen	il signatur	e required when reinstaling	, 70 00 024531470					
10. Title	Managing Members/Managers			T	Business Street Address			-014 -014 and personal properties of the contract of the contr				
MGRM	SPAETH	I, ELMAR D	R	ADALBEF	₹T-£	STIFTER-S	TR. 17A,	****16 HANAU,	8.75	非米米	*188.75	
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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: