

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007474

**FILED**  
**Apr 10, 2008**  
**Secretary of State**

**Entity Name:** LOUIS N. BROWN, JR., DDS, P.L.

**Current Principal Place of Business:**

1335 W. LINEBAUGH AVENUE  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

1335 W. LINEBAUGH AVENUE  
TAMPA, FL 33612

**New Mailing Address:**

**FEI Number:** 59-3607700

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOODWIN, JAMES W  
400 NORTH TAMPA STREET, SUITE 2300  
TAMPA, FL 33602 US

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

GOODWIN, JAMES W  
201 NORTH FRANKLIN STREET  
SUITE 2000  
TAMPA, FL 33602 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:** JAMES W. GOODWIN

04/10/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** BROWN, LOUIS N JR.  
**Address:** 1335 W. LINEBAUGH AVENUE  
**City-St-Zip:** TAMPA, FL 33612

**ADDITIONS/CHANGES:**

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

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.

**SIGNATURE:** LOUIS N BROWN JR

MGR

04/10/2008

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