


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90111 034 ****50.00

DOCUMENT # M05000000958

1. Entity Name
NOBEL BIOCARE USA, LLC



Principal Place of Business
**22715 SAVI RANCH PARKWAY
 YORBA LINDA, CA 92867**

Mailing Address
**22715 SAVI RANCH PARKWAY
 YORBA LINDA, CA 92867**

20009820



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01262006 Chg-LLC CR2E083 (11/05)

4. FEI Number **51-0513031** Applied For
 Not Applicable

5. Certificate of Status Desired - \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE STE 4
 WESTON, FL 33331**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NOBEL BIOCARE HOLDING USA, INC. 22715 SAVI RANCH PARKWAY YORBA LINDA, CA 92867	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: _____ **1-27-06** **714-282-4800**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #