

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000006889 1. Entity Name BRINT DAUBERT VISION INSTITUTE, LLC	
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Principal Place of Business 1515 N FLAGLER DR STE 510 WEST PALM BEACH, FL 33401 US	Mailing Address 1050 SOUTHEAST MONTEREY ROAD SUITE 104 STUART, FL 34994 US
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01122006 No Chg-LLC

CR2ED83 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2248673	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent JONES FOSTER SERVICE, LLC 505 SOUTH FLAGLER DRIVE SUITE 1100 WEST PALM BEACH, FL 33401
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**DO NOT WRITE
IN THIS SPACE**

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 renewing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

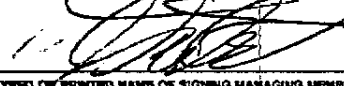
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAUBERT, JACK 1515 N. FLAGLER DRIVE, SUITE 500 WEST PALM BEACH, FL 33401	
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02/23/06-80084-025 50.00

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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:  **JACK DAUBERT** 2/8/6 772-283-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #