2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A21209

Entity Name: G & D EYECARE ASSOCIATES, LIMITED PARTNERSHIP

FILED Feb 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12964 N. DALE MABRY HIGHWAY TAMPA, FL 33618

Current Mailing Address: New Mailing Address:

12964 N. DALE MABRY HIGHWAY TAMPA, FL 33618

FEI Number: 59-2518778 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:

LINSEY, DENNIS
1717 MAGDALENE MANOR DR.
TAMPA, FL 33613 US
LINSEY, DENNIS
19102 AVENUE BAYONNES
LUTZ, FL 33558 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: DENNIS LINSEY 02/26/2009

Electronic Signature of Registered Agent Date

GENERAL PARTNER INFORMATION: ADDRESS CHANGES ONLY:

Document #:

Name: LINSEY, DENNIS

Address: 4904 ST. CROIX DR Address: 19102 AVENUE BAYONNES

City-St-Zip: TAMPA, FL City-St-Zip: LUTZ, FL 33558

Document #:

Name: LINSEY, GEORGE

Address: 13930 SHADY SHORES DR Address:

City-St-Zip: TAMPA, FL City-St-Zip: TAMPA, FL 33613

Document #:

Name: GORMAN, ROBERT L

 Address:
 55 COVE RD.
 Address:

 City-St-Zip:
 MOORESTOWN, NJ
 City-St-Zip:

Document #:

Name: BERNSTEIN, SIDNEY

 Address:
 1101 CROMWELL RD
 Address:

 City-St-Zip:
 PHILADELPHIA, PA
 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: DENNIS LINSEY RA 02/26/2009