

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A25665

**FILED**  
**Mar 14, 2012**  
**Secretary of State**

**Entity Name:** G & D EYECARE ASSOCIATES II, LTD.

**Current Principal Place of Business:**

12964 DALE MABRY HIGHWAY  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

12964 DALE MABRY HIGHWAY  
TAMPA, FL 33618

**New Mailing Address:**

**FEI Number:** 58-1763659

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LINSEY, DENNIS  
19102 AVENUE BAYONNES  
LUTZ, FL 33558 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: LINSEY, DENNIS  
Address: 12964 N. DALE MABRY HIGHWAY  
City-St-Zip: TAMPA, FL 33618

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: LINSEY, GEORGE  
Address: 12964 N. DALE MABRY HIGHWAY  
City-St-Zip: TAMPA, FL 33618

Address:  
City-St-Zip:

Document #:

Name: PIRO, STEVEN  
Address: 5100 E. HANNA  
City-St-Zip: TAMPA, FL,

Address:  
City-St-Zip:

I hereby 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

GP

03/14/2012

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date