2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000005294

 Entity Name
 MELBOURNE UNITED LASER VISION ASSOCIATION, L.L.C.



FILED
May 03, 2004 08:00 AM
Secretary of State

Principal Place of Business 10160 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952

MERRITT ISLAND, FL 32952

CITY-ST-ZIP

Mailing Address

3200 N. WICKHAM RD., SUITE 1 MELBOURNE, FL 32935



DO NOT WRITE IN THIS SPACE

01142004No Chg-LLC CR2E083 (10/03)

| I. FEI Number | Applied For |
|--------------------|----------------|
| 59-365 <u>5115</u> | Not Applicable |
| | |

5. Certificate of Status Desired

\$5.00 Additional Fee Required

TEATHER, THOMAS C 10160 S. TROPICAL TRAIL

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

| 8. The above the obligati | named entity submits this statement for the purpose of chan ions of registered agent. | nging its registered | d office or registered agent, or both, in the | e State of Florida. I am familiar with, and accept |
|---------------------------|---|----------------------|--|--|
| SIGNATURE_ | | | | <u>.</u> |
| | Signature, typed or printed name of registered agent and talle if applicable. (NOTE: Registered Agent eignature required when reinstating) DATE. | | | |
| | ling Fee is \$50.00 ue by May 1, 2004 | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | methodox and the short was a second as | - |
| TILE | MGR | | | |
| NAME. | TEATHER, THOMAS C | | | |
| STREET ADDRESS | 10160 S. TROPICAL TRAIL | | | U00000153183 /04/04-80119-004 50.00 |
| CITY-ST-ZIP | MERRITT ISLAND, FL 32952 | | .05, | /04/04-80119-004 50.00 |
| TITLE | MGR | | | |
| NAME | GREGAS, ANNE M | į | | |
| STREET ADDRESS | 10160 S. TROPICAL TRAIL | | | |
| CITY-ST-ZIP | MERRITT ISLAND, FL 32952 | | | |
| TITLE | | | | |
| NAME | | | | |
| STREET ADDRESS | | | DO NO | OT WRITE |
| CITY-ST-ZIP | | | DO M | JI WMIIC |
| nile | | | IN TH | IS SPACE |
| NAME | | | 11.4 1 1 11 | IS SPACE |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |
| ппь | | | | |
| NAME | 1 | | | |
| STREET ADDRESS | | j | | |
| CITY-ST-ZIP | | i | | |
| TITLE | | | | |
| NAME | | | | |
| CIDEET ATMINGCO | | | | |

11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 cath; 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.

GNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

(321)253-3550