


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000005304
 1. Entity Name
EYE PHYSICIANS - CLARK LAND ASSOCIATION, L.L.C.



Principal Place of Business 148 SW 13TH ST SUITE 101 LARGO, FL 33770	Mailing Address 148 SW 13TH ST SUITE 101 LARGO, FL 33770
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DO NOT WRITE IN THIS SPACE



02232005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3718446	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 WEINSTOCK, STEPHEN M
 148 SW 13TH ST
 SUITE 101
 LARGO, FL 33770

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

U00000257247
03/09/05-80047-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEINSTOCK, STEPHEN M 148 SW 13TH ST LARGO, FL 33770
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **3/1/05** **727 584 1394**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date DayTime Phone #