


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

DOCUMENT # L01000009828  
 1. Entity Name  
 EYE PHYSICIANS - DEAN LAND ASSOCIATION, L.L.C.



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

02232005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3748970	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

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

**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 \_\_\_\_\_ 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**

000000257233  
 03/09/05-80047-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEINSTOCK, STEPHEN M 148 13TH ST SW 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)(f), 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:  Date: 3/1/05 Daytime Phone #: 727 584 1394  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE