2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 11, 2004 8:00 am Secretary of State

DOCUMENT # L0100009876 1. Entity Name ORLANDO OPHTHALMOLOGY REAL ESTATE INVESTORS, LLC								03-11-200-	4 90223 0	22 ****51	0.00	
Principal Place 105 BONNIE ORLANDO, FL	LOCH COURT	JS		Mailing Address 105 BONNIE LOCH COURT ORLANDO, FL 32806 US								
2. Principal Pl	lace of Busines	ss	3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			03022004	Chg-LLC	CR2E0	83 (10/03)		
City & State			City & State	City & State			4. FEI Numbe 59-372				plied For t Applicable	
Zip	Country		Zip					of Status Desired	<u></u>	\$5.00 Add Fee Required		
	6. Name a	nd Address of Curre	ent Registered Agent	Registered Agent			7. Name and Address of New Registered Agent					
NRALSER	VICES, INC) .	- · -				Name					
526 E. PAF	RK AVENUI SSEE, FL 3	E		Street Addre			s (P.O. Box Number is Not Acceptable)					
				City			<u> </u>		FL	Zip Cod	e :	
8. The above	named entity s	submits this statemen	nt for the purpose of changing its	s register	ed office or	registere	ed agent, or bot	h, in the State of F	lorida. I am	familiar with,	and accept	
the obligations of registered agent.												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)												
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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.												
D. Jeffrey Sapp, Manager March 10, 2004 (615) 312-5577												
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daybrie Phone #												