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Apr 03, 2006 8:00 am
Secretary of State
04-03-2006 90072 016 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000001632

1. Entity Name
U.S. OPHTHALMIC, L.L.C.

Principal Place of Business	Mailing Address
7255 NW 68 STREET, UNIT #9 MIAMI, FL 33166	7255 NW 68 STREET, UNIT #9 MIAMI, FL 33166

02222006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 02-0538850 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MICHAEL, ORTIZ
2121 PONCE DE LEON BLV
330
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANCEWICKI, GUSTAVO ALEJAN JUAN B. AIBERDI 2367 FLOOR #10 APT. D CAPITAL FEDERAL (1406) ARGEN, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition CAMACUA 20 FLOOR #7 APT A CAPITAL FEDERAL (1406) ARGENTINA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANCEWICKI, OSVALDO WALTER CAMACUA 20 FLOOR #7 APT. A CAPITAL FEDERAL (1406) ARGEN, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ______________________________ 786-621-0521 ext 102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #