

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007931

FILED
Mar 21, 2005
Secretary of State

Entity Name: BIG LAKE EYE CARE, L.L.C.

Current Principal Place of Business:

606 NORTH PARROTT AVENUE
OKEECHOBEE, FL 34974

New Principal Place of Business:

606 NORTH PARROTT AVENUE
OKEECHOBEE, FL 34972

Current Mailing Address:

1540 SE 40TH AVE.
OKEECHOBEE, FL 34974

New Mailing Address:

606 NORTH PARROTT AVE
OKEECHOBEE, FL 34972

FEI Number: 35-2215488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTELS, CHARLES W
1540 SE 40TH AVE.
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

BARTELS, CHARLES W
606 NORTH PARROTT AVE
OKEECHOBEE, FL 34972 US

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.

SIGNATURE: CHARLES W. BARTELS

03/21/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BARTELS, CHARLES W
Address: 1540 SE 40TH AVE.
City-St-Zip: OKEECHOBEE, FL 34974

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BARTELS, CHARLES W
Address: 606 NORTH PARROTT AVE
City-St-Zip: OKEECHOBEE, FL 34972

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHARLES W. BARTELS

DR.

03/21/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date