2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# L02000009433

Entity Name: EMERALD COAST EYE PARTNERS, L.L.C.

Current Principal Place of Business:

911-A NW MAR WALT DRIVE
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

1034 MAR WALT DRIVE
SUITE 200
FORT WALTON BEACH, FL 32547

Current Mailing Address:

911-A NW MAR WALT DRIVE
FORT WALTON BEACH, FL 32547

New Mailing Address:

1034 MAR WALT DRIVE
SUITE 200
FORT WALTON BEACH, FL 32547

FEI Number: 01-0675980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOSTER, WILLIAM SCOTT
909 MAR WALT DRIVE, SUITE 1014
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: POPPELL, SAMUEL E M.D.
Address: 911-A NW MAR WALT DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: POPPELL, SAMUEL E M.D.
Address: 1034 MAR WALT DRIVE, SUITE 200
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SAMUEL E. POPPELL, MD MGRM 04/15/2008

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