

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000000475**

1. Entity Name  
**EYE ASSOCIATES, LLC**



Principal Place of Business  
**4007 BAYSIDE DRIVE  
BRADENTON, FL 34210**

Mailing Address  
**4007 BAYSIDE DRIVE  
BRADENTON, FL 34210**



01212006 No Chg-LLC

CRZE083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SILVERMAN, MICHELINE  
4007 BAYSIDE DRIVE  
BRADENTON, FL 34210**

**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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/21/06**

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
THE HARRIS SILVERMAN REV TRUST 7/9/97  
C/O MICHELINE SILVERMAN, 4007 BAYSIDE DR  
BRADENTON, FL 34210**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
THE HARRIS SILVERMAN REV TRUST 7/9/97  
%HARRIS SILVERMAN, 4007 BAYSIDE DR  
MEXICO BEACH, FL 32410**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000401579  
02/02/06-00051-003 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**1/21/06 941 756 7704**

Date

Daytime Phone #