# 2006 LIMITED LIABILITY COMPANY
## ANNUAL REPORT

**DOCUMENT # L03000018723**

1. Entity Name
SUNCOAST RETINA CONSULTANTS, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 3890 TAMPA ROAD<br>STE 101<br>PALM HARBOR, FL 34684 | P.O. BOX 859<br>PALM HARBOR, FL 34682 |

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03272006No Chg-LLC          CR2E083 (11/05)

| 4. FEI Number | Applied For |
|---|---|
| 41-2104585 | Not Applicable |

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

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

GASSMAN, ALAN S
1245 COURT STREET, STE. 102
CLEARWATER, FL 33756

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## 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, 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**

U00000546532
05/11/06-80120-017 50.00

| 9. | MANAGING MEMBERS/MANAGERS | |
|---|---|---|
| TITLE | MGR | |
| NAME | DEUPREE, DANA M | |
| STREET ADDRESS | 303 BANANA ST. | |
| CITY-ST-ZIP | OZONA, FL 34660 | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
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| CITY-ST-ZIP | | |

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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: _Dana M. Deupree_   4-26-06      7277898770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE          Date          Daytime Phone #