

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023082

FILED
Jan 17, 2006
Secretary of State

Entity Name: GULF COAST RETINA ASSOCIATES, L.L.C.

Current Principal Place of Business:

6325 STATE ROAD 54
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

11031 US 19
SUITE 106
PORT RICHEY, FL 34668

Current Mailing Address:

6325 STATE ROAD 54
NEW PORT RICHEY, FL 34653

New Mailing Address:

11031 US 19
SUITE 106
PORT RICHEY, FL 34668

FEI Number: 41-2104593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONDON L. BATES, ESQUIRE
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756 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: MGR () Delete
Name: MONTZKA, DAN
Address: 6325 STATE ROAD 54
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: MGR () Delete
Name: MONTZKA, MARIANNE
Address: 6325 STATE ROAD 54
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MONTZKA, DAN
Address: 11031 US 19 #106
City-St-Zip: PORT RICHEY, FL 34668

Title: MGR (X) Change () Addition
Name: MONTZKA, MARIANNE
Address: 11031 US 19 #106
City-St-Zip: PORT RICHEY, FL 34668

I hereby certify that the information supplied with this filing does not qualify for the 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: DAN MONTZKA

MGR

01/17/2006

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