


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000049583 1. Entity Name TOMOKA EYE PROPERTIES-ORMOND, LLC	
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Principal Place of Business 345 CLYDE MORRIS BLVD., SUITE 330 ORMOND BEACH, FL 32174	Mailing Address 345 CLYDE MORRIS BLVD., SUITE 330 ORMOND BEACH, FL 32174
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DO NOT WRITE IN THIS SPACE



04232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0783524	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MAKOWSKI, MICHAEL
345 CLYDE MORRIS BLVD., SUITE 330
ORMOND BEACH, FL 32174**

**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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

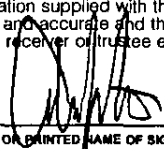
**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAKOWSKI, MICHAEL 345 CLYDE MORRIS BLVD., STE. 330 ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPERTUS, ALAN 345 CLYDE MORRIS BLVD., STE. 330 ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TEN HULZEN, RICHARD 345 CLYDE MORRIS BLVD., STE. 330 ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENNEDY, MARK 345 CLYDE MORRIS BLVD STE 330 ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U000000927865
05/20/08-80115-011 138.75

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:  **4/23/08 (386) 672-4232**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #