


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000019426</b> 1. Entity Name EYE SPECIALTY PROPERTIES, LLC	
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Principal Place of Business 1717 WOOLBRIGHT RD BOYNTON BEACH, FL 33426 US	Mailing Address 1717 WOOLBRIGHT RD BOYNTON BEACH, FL 33426 US
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**DO NOT WRITE IN THIS SPACE**

01182008No Chg-LLC CR2E083 (12/07)

4. FEI Number 01-0814775	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ZURAW, EDWARD A CPA  
209 SE 5TH AVE  
DELRAY BEACH, FL 33483-5206

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

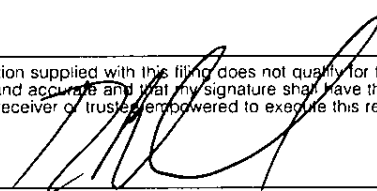
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRIEDMAN, LEE M.D. 1717 WOOLBRIGHT RD BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATZ, RANDY M.D. 1717 WOOLBRIGHT RD BOYNTON BEACH, FL 33426
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01/25/08-80037-006 138.75

**DO NOT WRITE  
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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:**  **1/18/08** **561-737-5500**

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