2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# L04000019426

Entity Name: EYE SPECIALTY PROPERTIES, LLC

Current Principal Place of Business:

1717 WOOLBRIGHT RD
BOYNTON BEACH, FL 33426 US

New Principal Place of Business:

Current Mailing Address:

1717 WOOLBRIGHT RD
BOYNTON BEACH, FL 33426 US

New Mailing Address:

FEI Number: 01-0814775 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZURAW, EDWARD A CPA
209 SE 5TH AVE
DELRAY BEACH, FL 334835206 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: MGRM ( ) Delete
Name: FRIEDMAN, LEE M.D.
Address: 1717 WOOLBRIGHT RD
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGRM ( ) Delete
Name: KATZ, RANDY M.D.
Address: 1717 WOOLBRIGHT RD
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES:

Title: S (X) Change ( ) Addition
Name: FRIEDMAN, LEE M.D.
Address: 1717 WOOLBRIGHT RD
City-St-Zip: BOYNTON BEACH, FL 33426 US

Title: MGRM (X) Change ( ) Addition
Name: KATZ, RANDY M.D.
Address: 1717 WOOLBRIGHT RD
City-St-Zip: BOYNTON BEACH, FL 33426 US

I hereby certify that the information supplied with this filing does not qualify 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: RANDY S. KATZ MGRM 01/29/2009

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