

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000019426

**FILED**  
**Jan 14, 2010**  
**Secretary of State**

**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 (X)**

**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:** S  
**Name:** FRIEDMAN, LEE M.D.  
**Address:** 1717 WOOLBRIGHT RD  
**City-St-Zip:** BOYNTON BEACH, FL 33426 US

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

I hereby 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 KATZ

MGR

01/14/2010

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