

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000032043

1. Entity Name
ROCKLEDGE RETINA LLC



Principal Place of Business

**44 LAKE BEAUTY DRIVE
SUITE 300
ORLANDO, FL 32806**

Mailing Address

**44 LAKE BEAUTY DRIVE
SUITE 300
ORLANDO, FL 32806**



01042006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number
42-1628014

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**OLSON, JOHN C
44 LAKE BEAUTY DRIVE
SUITE 300
ORLANDO, FL 32806**

**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 _____

Signatory typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	OLSON, JOHN C
STREET ADDRESS	44 LAKE BEAUTY DRIVE
CITY ST ZIP	ORLANDO, FL 32806
TITLE	MGRM
NAME	BARNES, DURHAM
STREET ADDRESS	44 LAKE BEAUTY DRIVE
CITY ST ZIP	ORLANDO, FL 32806
TITLE	MGRM
NAME	RICHMOND, PRESTON P
STREET ADDRESS	44 LAKE BEAUTY DRIVE
CITY ST ZIP	ORLANDO, FL 32806
TITLE	MGRM
NAME	DEMMING, SUZANNE M
STREET ADDRESS	44 LAKE BEAUTY DRIVE
CITY ST ZIP	ORLANDO, FL 32806
TITLE	MGRM
NAME	LIEB, DOUGLAS
STREET ADDRESS	44 LAKE BEAUTY DRIVE
CITY ST ZIP	ORLANDO, FL 32806
TITLE	MGRM
NAME	SHAIKH, SAAD
STREET ADDRESS	44 LAKE BEAUTY DRIVE
CITY ST ZIP	ORLANDO, FL 32806

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01/20/06-80016-014 50.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Day to Phone #

John C. Olson 1/10/06