


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000042782</b> 1. Entity Name <b>SCHROEDER EYE CARE, LLC</b>	
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Principal Place of Business <b>4375 BELVEDERE ROAD WEST PALM BEACH, FL 33406 US</b>	Mailing Address <b>4375 BELVEDERE ROAD WEST PALM BEACH, FL 33406 US</b>
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**DO NOT WRITE IN THIS SPACE**



01042008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>33-1094449</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHROEDER, THOMAS C  
188 BELLA VISTA WAY  
ROYAL PALM BEACH, FL 33411**

**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 SCHROEDER, THOMAS C 4375 BELVEDERE ROAD WEST PALM BEACH, FL 33406
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01/08/08-80021-003 143.75

**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:** \_\_\_\_\_ **1/4/08** **561-242-5115**

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