2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2006
Secretary of State

DOCUMENT# L04000064942

Entity Name: OCALA EYE PROPERTIES, LLC

Current Principal Place of Business:

1500 S MAGNOLIA AVENUE
SUITE 106
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

1500 S MAGNOLIA AVENUE
SUITE 106
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 20-1646942 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KING, WILLIAM ALLAN
1531 SE 36TH AVENUE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

SIMONS, GARY C ESQUIRE
121 NW THIRD STREET
OCALA, FL 34475 US

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: GARY C. SIMONS, ESQUIRE 02/01/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SCHWENK, GORDON C MD
Address: 1500 S MAGNOLIA AVENUE SUITE 106
City-St-Zip: OCALA, FL 34471 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: DEATON, JOHN S DO
Address: 1500 SE MAGNOLIA AVENUE SUITE 106
City-St-Zip: OCALA, FL 34471 US

Title: MGR ( ) Change (X) Addition
Name: RICHARD, WARREN C MD
Address: 1500 SE MAGNOLIA AVENUE SUITE 106
City-St-Zip: OCALA, FL 34471 US

Title: MGR ( ) Change (X) Addition
Name: JANK, MARK A MD
Address: 1500 SE MAGNOLIA AVENUE SUITE 106
City-St-Zip: OCALA, FL 34471 US

Title: MGR ( ) Change (X) Addition
Name: MORRIS, MICHAEL MD
Address: 1500 SE MAGNOLIA AVENUE SUITE 106
City-St-Zip: OCALA, FL 34471 US

Title: MGR ( ) Change (X) Addition
Name: SAMY, CHANDER MD
Address: 1500 SE MAGNOLIA AVENUE SUITE 106
City-St-Zip: OCALA, FL 34471 US

I hereby certify that the information supplied with this filing does not qualify for the 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: GORDON C. SCHWENK MGR 02/01/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date