


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90236 007 ***138.75

DOCUMENT # L04000064942 1. Entity Name OCALA EYE PROPERTIES, LLC			
Principal Place of Business 1500 S.E. MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471 US		Mailing Address 1500 S.E. MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471 US	
2. Principal Place of Business - No P.O. Box # 3130 SW 32 Ave		3. Mailing Address Same As Principal	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Ocala FL		City & State 	
Zip 34474		Country USA	
4. FEI Number 20-1646942		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRIS, MICHAEL 1500 S.E. MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHWENK, GORDON C MD 1500 S.E. MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address Change 3130 SW 32nd Ave Ocala FL 34474 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEATON, JOHN S DO 1500 S.E. MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARD, WARREN C MD 1500 S.E. MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JANK, MARK A MD 1500 S.E. MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRIS, MICHAEL MD 1500 S.E. MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAMY, CHANDER MD 1500 S.E. MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 4/3/08 Daytime Phone #: 352/622-5183	