

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083786

FILED
Apr 16, 2009
Secretary of State

Entity Name: TOMOKA EYE PROPERTIES NORTH, LLC

Current Principal Place of Business:

345 CLYDE MORRIS BLVD
SUITE 330
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

345 CLYDE MORRIS BLVD
SUITE 330
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 20-1901733

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAKOWSKI, MICHAEL K
345 CLYDE MORRIS BLVD STE 330
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

MAKOWSKI, MICHAEL K MD
345 CLYDE MORRIS BLVD
STE 330
ORMOND BEACH, FL 32174 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: MICHAEL K MAKOWSKI, MD

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MAKOWSKI, MICHAEL K
Address: 345 CLYDE MORRIS BLVD., SUITE 330
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGRM () Delete
Name: SPERTUS, ALAN D
Address: 345 CLYDE MORRIS BLVD., SUITE 330
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGRM () Delete
Name: KENNEDY, MARK
Address: 345 CLYDE MORRIS BLVD., SUITE 330
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGRM (X) Delete
Name: TEN HUZEN, RICHARD D
Address: 345 CLYDE MORRIS BLVD., SUITE 330
City-St-Zip: ORMOND BEACH, FL 32174 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MAKOWSKI, MICHAEL K MD
Address: 345 CLYDE MORRIS BLVD., SUITE 330
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGRM (X) Change () Addition
Name: SPERTUS, ALAN D MD
Address: 345 CLYDE MORRIS BLVD., SUITE 330
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGRM (X) Change () Addition
Name: KENNEDY, MARK E MD
Address: 345 CLYDE MORRIS BLVD., SUITE 330
City-St-Zip: ORMOND BEACH, FL 32174 US

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

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL K MAKOWSKI, MD

MGRM

04/16/2009

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