


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90018 045 ****50.00

DOCUMENT # L04000089936			
1. Entity Name NORTH MIAMI BEACH EYE CENTER, LLC			
Principal Place of Business 22191 POWERLINE RD BOCA RATON, FL 33433		Mailing Address 22191 POWERLINE RD BOCA RATON, FL 33433	
2. Principal Place of Business 1950 NE 163rd ST Suite, Apt. #, etc.		3. Mailing Address 1950 NE 163rd ST Suite, Apt. #, etc.	
City & State No. Miami Bch, FL		City & State No. Miami Bch, FL	
Zip 33162		Country Dade	
33162		Dade	
4. FEI Number 20-1998268		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent INCORPORATE USA, INC. 3150 SANDY RIDGE DR CLEARWATER, FL 33761		7. Name and Address of New Registered Agent Name Reed S Edelman Street Address (P.O. Box Number is Not Acceptable) 1950 NE 163rd ST. City North Miami Beach FL Zip Code 33162	
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: <i>Reed S Edelman</i>		SIGNATURE: <i>Reed S Edelman</i> Managing Partner	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE: 04/30/2006		DATE: 04/30/2006	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDELMAN, REED S 23480 MIRABELLA CIR S BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHECHTMAN, LEON 1228 NW 144TH TERRACE PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <i>Reed S Edelman</i>		SIGNATURE: <i>Reed S Edelman</i>	
Signature and typed or printed name of signing managing member, manager, or authorized representative		Date	
Date: 04/30/06		Daytime Phone #: 305 940-0037	