

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000092117

1. Entity Name
RETINA EQUIPMENT PARTNERS, LLC



Principal Place of Business

**44 LAKE BEAUTY DRIVE
ORLANDO, FL 32806**

Mailing Address

**44 LAKE BEAUTY DRIVE
ORLANDO, FL 32806**



01042006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2160163

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OLSON, JOHN C
44 LAKE BEAUTY DRIVE
ORLANDO, FL 32806**

**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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent's signature required when re-registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
BARNES, C. DURHAM
44 LAKE BEAUTY DRIVE
ORLANDO, FL 32806**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
OLSON, JOHN C
44 LAKE BEAUTY DRIVE
ORLANDO, FL 32806**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
RICHMOND, PRESTON P
44 LAKE BEAUTY DRIVE
ORLANDO, FL 32806**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
DEMMEING, SUZANNE M
44 LAKE BEAUTY DRIVE
ORLANDO, FL 32806**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000388524
01/20/06-80008-009 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Day/ the Month/yr