


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000092117</b> 1. Entity Name <b>RETINA EQUIPMENT PARTNERS, LLC</b>	
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Principal Place of Business <b>44 LAKE BEAUTY DRIVE ORLANDO, FL 32806</b>	Mailing Address <b>44 LAKE BEAUTY DRIVE ORLANDO, FL 32806</b>
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**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>41-2160163</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

1100000585252  
01/16/07-80004-013 50.00

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	

**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:** *PRichmond* *8 Jan 2007*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #