## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009341

Address:

City-St-Zip:

Entity Name: EYE CARE OF PERDIDO, LLC

FILED Apr 07, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 12385 SORRENTO ROAD SUITE C-3 PENSACOLA, FL 32507 **New Mailing Address: Current Mailing Address:** 12385 SORRENTO ROAD SUITE C-3 PENSACOLA, FL 32507 US FEI Number: 20-2363671 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LYNCHARD LAW FIRM, P.A. 7552 NAVARRE PARKWAY SUITE 9 NAVARRE, FL 32566 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SPEAR, CARL Name: Name: Address: 8158 NAVARRE PARKWAY Address: City-St-Zip: NAVARRE, FL 32566 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: GRUBBS, DUSTIN Name: Address: 8158 NAVARRE PARKWAY Address: City-St-Zip: NAVARRE, FL 32566 US City-St-Zip: Title: () Delete Title: MGRM ( ) Change (X) Addition MCCREARY, KATIE Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

12385 SORRENTO RD STE C-3

PENSACOLA, FL 32507 US

SIGNATURE: KATIE MCCREARY MGRM 04/07/2006