

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000016138

**FILED**  
**Apr 25, 2006**  
**Secretary of State**

**Entity Name:** EYE CONSULTANTS OF BONITA SPRINGS PLLC

**Current Principal Place of Business:**

1249 SOLANA ROAD  
NAPLES, FL 34103

**New Principal Place of Business:**

3368 WOODS EDGE CIRCLE  
SUITE 103  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

1249 SOLANA ROAD  
NAPLES, FL 34103

**New Mailing Address:**

3368 WOODS EDGE CIRCLE  
SUITE 103  
BONITA SPRINGS, FL 34134

**FEI Number:** 20-2425479

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLASP INC.  
3001 TAMiami TRAIL NORTH 4TH FL  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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:**

Title: MGR ( ) Delete  
Name: PASCUCCI, STEPHEN E  
Address: 1249 SOLANA ROAD  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES:**

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

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.

SIGNATURE: STEVE PASCUCCI

MGR

04/25/2006

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