



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90287 024 ****50.00

DOCUMENT # L05000078827 1. Entity Name EYE AND MED CLINIQUE REAL ESTATE, LLC					
Principal Place of Business POST OFFICE BOX 611337 ROSEMARY BEACH, FL 32461			Mailing Address POST OFFICE BOX 611337 ROSEMARY BEACH, FL 32461		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent PERRY, AMY A 4477 LEGENDARY DRIVE SUITE 202 DESTIN, FL 32541			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEINER, STEVEN F		NAME		
STREET ADDRESS	POST OFFICE BOX 611479		STREET ADDRESS		
CITY-ST-ZIP	ROSEMARY BEACH, FL 32461		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRADLEY, LORIA		NAME		
STREET ADDRESS	POST OFFICE BOX 611543		STREET ADDRESS		
CITY-ST-ZIP	ROSEMARY BEACH, FL 32461		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 606, Florida Statutes.					
SIGNATURE: 			350-231-3050		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		