



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90143 029 ****50.00

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|--|--|--|---|---|--|
| 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 - No P.O. Box # 121 Gulf Bridge Lane | | 3. Mailing Address P.O. Box 611543 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Santa Rosa Beach FL | | City & State Rosemary Beach FL | | 4. FEI Number 20-3281590 | |
| Zip 32459 | | Country Walton | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| Zip 32461 | | Country Walton | | Applied For Not Applicable | |
| 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 reappointing) _____ DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WEINER, STEVEN F POST OFFICE BOX 611479 ROSEMARY BEACH, FL 32461 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BRADLEY, LORI A POST OFFICE BOX 611543 ROSEMARY BEACH, FL 32461 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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:  | | | Lori A Bradley | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date 3/15/07 Daytime Phone # 850.685.1088 | | |