

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078827

FILED
Apr 10, 2008
Secretary of State

Entity Name: EYE AND MED CLINIQUE REAL ESTATE, LLC

Current Principal Place of Business:

121 GULF BRIDGE LN
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

18 DILL LANE
ROSEMARY BEACH, FL 32461

Current Mailing Address:

PO BOX 611479
ROSEMARY BEACH, FL 32461

New Mailing Address:

FEI Number: 20-3281590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRY, AMY A
4477 LEGENDARY DRIVE
SUITE 202
DESTIN, FL 32541 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: MGRM () Delete
Name: WEINER, STEVEN F
Address: POST OFFICE BOX 611479
City-St-Zip: ROSEMARY BEACH, FL 32461

Title: MGRM () Delete
Name: BRADLEY, LORI A
Address: POST OFFICE BOX 611543
City-St-Zip: ROSEMARY BEACH, FL 32461

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: STEVEN F WEINER

MGRM

04/10/2008

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