

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078827

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** EYE AND MED CLINIQUE REAL ESTATE, LLC

**Current Principal Place of Business:**

18 DILL LANE  
ROSEMARY BEACH, FL 32461

**New Principal Place of Business:**

**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 WEINER

MGRM

04/01/2009

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