# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 11, 2007**
**Secretary of State**

DOCUMENT# L06000021345

**Entity Name:** NEWSOM EYE PLAZA, LLC

**Current Principal Place of Business:**

3205 PHYSICIANS WAY
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

3205 PHYSICIANS WAY
SEBRING, FL 33870

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

NEWSOM, THOMAS H
3205 PHYSICIANS WAY
SEBRING, FL 33870 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: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: DR ( ) Change (X) Addition
Name: NEWSOM, T H DR
Address: 3205 PHYSICIANS WAY
City-St-Zip: SEBRING, FL 33870 US

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: T. H. NEWSOM DR 01/11/2007

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