2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State
04-07-2008 90236 006 ***138.75

DOCUMENT # L06000060863

1. Entity Name
OCALA EYE PROPERTIES - LAUREL MANOR, LLC

Principal Place of Business
1500 S.E. MAGNOLIA EXTENSION
SUITE 106
OCALA, FL 34471 US

Mailing Address
1500 S.E. MAGNOLIA EXTENSION
SUITE 106
OCALA, FL 34471 US

04032008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
3130 SW 32nd Ave
Suite, Apt. #, etc.

3. Mailing Address
Same As Principal
Suite, Apt. #, etc.

City & State: Ocala FL
Zip: 34474 Country: USA

City & State
Zip Country

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, MICHAEL
1500 S.E. MAGNOLIA EXTENSION
SUITE 106
OCALA, FL 34471

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM ☐ Delete	TITLE	Address change ☑ Change ☐ Addition
NAME	OCALA EYE PROPERTIES, LLC	NAME	
STREET ADDRESS	1500 S.E. MAGNOLIA EXTENSION, SUITE 106	STREET ADDRESS	3130 SW 32nd Ave
CITY-ST-ZIP	OCALA, FL 34471	CITY-ST-ZIP	Ocala FL 34474
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 608, Florida Statutes.

SIGNATURE: [signature] 4/3/08 352/622-5183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #